****Acadia

**Inter-University Doctoral Program in Educational Studies**

**Request for an Extension of Time to Complete Program of Study**

**Nova Scotia Inter-University Doctoral Program in Educational Studies**

*This form must be received by the student’s home institution and the Inter-University Doctoral Administrative Committee* (*IDAC) before the end of the 5th year.*

**Part A: To be Completed by the Student**

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| --- | --- |
| Name: |  |
| Address |  |
| Postal Code |  |
| Home Institution |  |
| Doctoral Supervisor |  |
| Student Number (Home Institution) |  |
| Email address (Home Institution) |  |
| Telephone number: |  |

Have any earlier extensions\* been granted? (Answer yes or no; if yes, provide the date and year)

1. A detailed rationale for request for an extension to complete program of study.

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1. Identify remaining requirements to complete program of study.

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1. In consultation with doctoral supervisor, provide a detailed schedule and plan for completion of these requirements (A list showing a timeline of events with anticipated dates is preferred).

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Signature of Doctoral Candidate Date

Signature of Doctoral Supervisor Date

**\***If the request is for medical reasons, please provide documentation. IDAC, in collaboration with the home institution, will work to ensure information is kept confidential.

**Part B: To be Completed by Inter-University Doctoral Administrative Committee (IDAC)**

IDAC:

* Agrees in general with the facts included in the student’s application:  Yes  No
* Supports the plan proposed by the student and supervisor:  Yes  No

Supports this request for an extension and recommends to the home institution that this request be granted in line with the rules and regulations of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of home institution  Yes  No

If **no**, a statement must be attached to this application as indicated by the regulations outlined in the Doctoral Student Handbook.