Oklahoma State University
Graduate College

REQUEST FOR EXTENSION TO SUBMIT A PLAN OF STUDY

CWID number _____ Today's date _____

Last Name _____ First name _____ Middle initial _____

Which degree are you pursuing? *(check one)* ☐ **MASTER'S** ☐ **ED. SPECIALIST** ☐ **DOCTORATE**

Please release the enrollment hold for *(check one)*: ☐ **FALL** ☐ **SPRING** ☐ **SUMMER** _____ **YEAR**

A Plan of Study (POS) is a contract between the university and a student, stipulating requirements for completion of a graduate degree. Thus, it is in my best interest to submit and receive approval for a POS early in my program of study. I, the student, understand that by the end of this semester I will have completed a minimum of 17 credit hours toward completion of a master's degree or 28 hours towards a doctoral or education specialist's degree, which exceeds university policy. I request an extension to submit my POS, with the reasons stated below. I am aware that I must submit a POS to the Graduate College before I will be allowed further enrollment. I understand that this extension will be granted one time only.

Please initial your acceptance of this policy here: _____

I expect to submit my POS by the following date _____

Reason for the request: _____

_____

_____

_____

_____

_____

Approval Signatures

_____ _____
Student signature Date Advisor signature Date

_____ _____
Graduate Coordinator/Department Head Date Graduate Dean Date