



Graduate Award Termination-Extension Form

Faculty of GRADUATE STUDIES

Thinking

Outside the box

Award holders who have completed the final written or oral examination prior to their award end date, and who still require a subsequent term to complete program requirements, may submit this form to request continuation of their graduate award.

Student Name: _____
Dept/School: _____
Supervisor: _____

Student #: _____
Email: _____
Phone: _____

Date of final written or oral examination: (mm/dd/yy) _____

Name of current Graduate Award: _____

End date of current Graduate Award: (mm/dd/yy) _____

PROGRAM REQUIREMENTS STILL TO COMPLETE... (if coursework, please provide course # and unit value)

DEPT.	COURSE #	SECTION #	UNIT VALUE

Will you be registered **full-time** or **part-time** while completing these requirements?

Signature of Applicant: _____ Date: _____

Supervisor's Signature: _____

Supervisor's comments regarding remaining program requirements:

For Office Use

Date received:

Registered: Yes No

Grad Award Extension Approved

Scholarships Officer Initial: _____ Entered on DB

Questions? Please call Graduate Studies at 472-5209 or email fgsaward@uvic.ca

