

(See AMBS policy on thesis extension on reverse side)

<b>Name</b>		<b>Student ID</b>		<b>Date</b>	
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To: Thesis Supervisor, MDIV Director, and Academic Dean

I request an extension to complete the final draft of my thesis by   
(Proposed date of completion)

My intended date of defense is the week of   
(Proposed week of defense)

Reasons for requesting extension:

**Signatures:**

<b>Student</b>		<b>Date</b>	
<b>Signature or ID</b>			
Thesis Supervisor		Date	
Second Reader		Date	
MDIV Director		Date	

cc:    \_\_\_ Thesis Supervisor    \_\_\_ Faculty Adviser    \_\_\_ MDIV Director    \_\_\_ Business office    \_\_\_ Student

**Extension fee:** \$     **Registration fee:** \$     **TOTAL:** \$

(financial aid does not apply for thesis extensions)