Return to the College of Graduate Studies

- Email GCAcademicSvcs@utoledo.edu or
- University Hall 3240, Mail Stop 933 or
- Mulford Library 113, Mail Stop 1042

Fillable PDF. Digital signatures and email submission strongly preferred. Illegible and incomplete forms will be returned.

Request for Time Extension & Course Recertification

Instructions: This form is to be used by students requesting an additional extension of time to complete their degree. Students who have previously been granted a one year extension through the Continuation of Matriculation for Degree process or the Readmission process, must complete the top portion of this form and submit it to their advisor. Students completing a Readmission Application whose anticipated date of graduation is beyond a one year extension of their original time to degree must also complete this form. Approval of the Advisor, Chair or Program Director, and Associate Dean of the Degree Program indicates that the student has been deemed sufficiently current and adequate to continue to work toward the degree, that the student is making satisfactory progress as determined by internal department or college procedures, and that those courses exceeding the time limitation are approved for recertification. The completed form with all approval signatures and supporting documentation should be returned to the respective College of Graduate Studies Office for review and final approval. (Incomplete forms will be returned to the advisor/academic department.)

There is a $550 per course fee assessed for each course approved for recertification (maximum of $3,000 per student). Fees are paid by the student using COGS secure Touchnet payment site after the Request for Time Extension & Course Recertification form has been approved. ***Notification will be sent via university e-mail to both the student and advisor.***

To be completed by Student.

Name: _____ Rocket ID: _____

Degree Sought: _____ Program: _____

Projected Date of Graduation (month/year): ❑ May ❑ August ❑ December /_____
                                                                                                            Year

Reason for Request:

To be completed by Advisor.

Please provide any additional information which you believe should be considered in reviewing this request.

List all courses that will be out-of-date at the projected time of graduation:

Dept. & Number	Course Title	Semester/Year Course Taken

The student's currency in the subject matter has been thoroughly assessed via one or more of the following approved strategies. Supporting documentation appropriate to the selection(s) below should be attached to the form.

Check all that apply:

❑ The student is working in the field (Currency is provided and verified by attaching only the specific section of the student's professional resume or vitae that relates to the course(s) in question);

❑ The student is teaching the subject matter in a separate context;

❑ Other related courses on the POS provide subject matter currency;

❑ The thesis/dissertation research requires currency in the field through work with current literature;

❑ The student has been examined (written or oral) by a current instructor of the course;

❑ The student has published scholarly research demonstrating substantial knowledge of the course content

College Approval

The student has remained current in the body of knowledge for all courses exceeding the time limitation for the degree that are included on the Plan of Study. The student is sufficiently current and adequate to continue to work toward the degree and is making satisfactory progress. We approve the student's additional extension request, course recertification, and projected date of degree completion.

_____   _____
Advisor (printed)   Signature   Date

_____   _____
Chair or Program Director (printed)   Signature   Date

_____   _____
Associate Dean, Degree Program (printed)   Signature   Date

For College of Graduate Studies use only:

Approval _____   Date _____

Number of Courses Recertified _____   Total Fee _____

Notification to Student/Advisor _____
                                                     Date of E-Mail

Payment Received Date _____
                                                     Date of Receipt