

EXTENSION REQUEST FOR			
<input type="checkbox"/> CANDIDACY EXAM	<input type="checkbox"/> CREDITS	<input type="checkbox"/> ORAL EXAM	
<i>Extension request for Candidacy Exam : keep in mind that the candidacy exam must be successfully passed (2nd attempt also) at the latest 15 months after enrolment</i>			
Full name of the doctoral student		Sciper	
Enrolment date		Doctoral Program	
THESIS DIRECTOR		THESIS CO-DIRECTOR	
REASON(S) FOR EXTENSION REQUEST			
	Extension requested for	months	Acquired credits
		New deadline	
<input checked="" type="checkbox"/>	Is this the first extension request?		
	Yes	No	If NO, please provide the duration of the previous request + months
<input checked="" type="checkbox"/>	The financial support for the duration of the extension is assured.		Yes No
	<i>If NO, please provide a detailed explanation:</i>		
FOR APPROVAL - DATE AND SIGNATURES			
DOCTORAL STUDENT	THESIS DIRECTOR	THESIS CO-DIRECTOR	PROGRAM DIRECTOR
THIS FORM IS TO BE RETURNED – DULY COMPLETED AND SIGNED TO THE ADMINISTRATIVE ASSISTANT OF YOUR DOCTORAL PROGRAM			
REMARKS BY THE DOCTORAL SCHOOL			
DATE:	Adjoint-e à la Vice-présidence associée pour l'éducation postgrade <i>Deputy to the Vice-president for Postgraduate Education</i>		