



INSTITUTE of
PASTORAL STUDIES

EXTENSION OF TIME FOR COMPLETION OF DEGREE REQUIREMENTS

Name _____ LUC ID# _____
Last First Middle

Address _____ Phone # _____
Street City State Zip

Email _____@luc.edu Program _____

Date Entered Program _____ Extension Requested Through _____ (limit of 1 academic year)
Term Year

Information on academic status and plans

Please answer the following items on a separate piece of paper and attach to this form. Please note: IPS will not act on your request if complete information is not provided.

1. Current Status in the Program:

Degree Requirement

Course work (number of credits completed) Date Completed

2. Reason for Extension

3. Plan for Completion of Outstanding Degree Requirements:

Describe in detail your plan for completing outstanding degree requirements, including anticipated date of completion.

Student Signature _____ Date _____

Recommendation of the Faculty (Please do not submit this form to IPS without these signatures.)

Academic Advisor: _____

Printed Name

Signature

Date

Approval:

IPS approves an extension of the time limit for the completion of all degree requirements for the above student>

The student must complete all degree requirements by _____

IPS Director _____ Date _____