



Please complete this form and email it to your Thesis Advisor and cc your Program Officer and Student Services (sa@nps.edu), by no later than 1 week prior to graduation. Contact your Program Officer if you have any questions or need assistance in completing this form.

Personal Information

Today's Date (MM/DD/YY)

Last Name

First Name

Middle Initial

Rank or Civil Service Grade

Military Branch or Civilian Agency

Country/Citizenship

Mailing Address

Post-NPS Phone

Post-NPS Email

Program/Project Information

Degree Program

Previous Extension Requests

(Number of times you have requested this extension previously.)

Original Graduation Date

Current Extension Expiration (N/A if first)

Advisors

Your Thesis Advisor's Name

Thesis Advisor's email

Program Officer's Name

Program Officer's email

Justification for Request & Thesis Planning

Please explain your reasons for making this request. If you need more space you may include an additional Word Doc or PDF when submitting this PDF form. If you will be including an attachment, please mention that in the space below.

Your Justification:

Thesis Completion Plan *(Benchmarks, milestones, etc.)*

Agreements and Signature

I understand that I am solely responsible for filing my own timely thesis extension request(s) and that my degree candidacy expires anytime I let my extension expire, including any lapse between requests, or if I exceed the three year maximum extension policy without explicit Academic Council approval.

Yes

I further understand that for both resident and non-resident students, the need for an active and approved extension commences on my original expected graduation date, and that approval from the Academic Council to extend beyond the third extension from that date is processed by separate correspondence to the Council and is only granted in extraordinary circumstances, typically beyond the control of the requestor.

Yes

Student Digital Signature **(Required)**.

Sign and email this form and any attachments to your Thesis Advisor and cc your Program Officer and Student Services (sa@nps.edu).

Required Signatures (OFFICIAL USE ONLY)

Please review and sign in the order listed below.

To: Department Chair

Recommended:

(1) Thesis Advisor

(2) Academic Associate

(3) Program Officer,

(4)

Approved: Department Chair, Signature

-Dept. Chair: Upon completion, return to Education Tech.

-Ed. Tech: File and cc Student Services at SA@nps.edu.