COLLEGE OF GRADUATE STUDIES
THE UNIVERSITY OF TOLEDO

RETURN TO:
College of Graduate Studies, Respective Campus

Main Campus	**Health Science Campus**
3240 University Hall	Mulford Library Room 117
Mail Stop 933	Mail Stop 1042

Continuation of Matriculation for Degree

Instructions: This form is to be used by students who are currently registered but will be unable to complete requirements before time-to-degree expires, or by students completing a Readmission Application and requesting a one year extension of their original time to degree. This form is to be used for first extension requests of one year only. 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 and that the student is making satisfactory progress as determined by internal departmental or college procedures. The completed form with all approval signatures should be returned to the respective College of Graduate Studies Office for review and final approval. No additional course revalidation materials or forms are required to accompany this form.
Notification will be sent via university e-mail to both the student and the advisor.

To be completed by Student.

Name: _____ Rocket ID: _____

Degree Sought: _____ Program: _____

Projected Date of Graduation (term/year): _____

Reason for Request:

College Approval

The student is sufficiently current and adequate to continue to work toward the degree and is making satisfactory progress. We approve the student's extension request and projected date of degree completion listed above.

Advisor (printed)	Signature	Date
Chair or Program Director (printed)	Signature	Date
Associate Dean, Degree Program (printed)	Signature	Date

College of Graduate Studies Approval

Signature	Date