

Comps III Extension Request Form

Today's Date:

Student Name:

Year of Entry:

Research Advisor:

Regular Comps III deadline [end of 8th semester]: Spring

20___ Requested Comps III Extended Deadline:

20___

Explanation for extension request:

Student Signature/date: _____

Advisor Signature/date: _____

When the upper part is completed, please send to Grad Program Assistant:
Jeanne.Nijhowne@colorado.edu

Approved: ____ Not Approved ____

Grad Chair _____

(Name)

Grad Chair Signature/date: _____