

Comps II Extension Request Form

Today's Date:

Student Name:

Year of Entry:

Research Advisor:

Regular Comps II deadline [end of 6th semester]: Spring 20____

Requested Comps II 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: _____