

Student Full Name:

Student Number:

Supervisor(s):

Milestone Extension Request Form

This form must be completed by MA and PhD students requesting an extension to one or more degree milestones (deadlines can be found on the *Current Students* section of the GD-PCS website). Following consultation with and approval by the student's Supervisor(s), this form should be completed and sent to clinicalpsych.utsc@utoronto.ca for review by the Graduate Chair (and Vice-Dean, Graduate & Postdoctoral Studies, for second extension requests). Students should submit the form as far in advance of the original milestone deadline as is feasible, while recognizing that in some limited circumstances students may experience delays in engaging in the expected consultation process with the supervisor(s) and submitting the form in advance of the original milestone deadline. For more information, please refer to the 'GD-PCS Program Milestone Policy' in the GD-PCS Graduate Handbook.

Degree Start Date:

Program milestone(s) being requested for extension:		Have you had a first milestone extension granted?	Yes No
Original milestone Deadline(s):		Proposed extended deadline(s):	
process you undertook v	sion(s) being requested for the d vith your Supervisor(s), your prop n. If more space is needed, please	oosed revised timeline, a	nd a rationale for



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Section 1 – Student Signature:	
Student Signature	Date
Section 2 – Supervisor(s) Approval, required for borequests:	oth first and second extension
Supervisor Signature	Date
Co-supervisor Signature (if applicable)	Date
requests:	
Approved extension to date of: Declined	
	 Date
O Declined	 Date