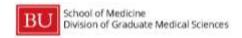


Petition—PhD Extension of Time

The committee on Academic Standards requires detailed information in order to act on a petition for an extension of time to complete Ph.D. requirements. Students must complete the form and obtain PI and Program Director/Department Chairman signatures, prior to submitting form to GMS Registrar. **Petitions without the information requested below will not be considered.** Please complete and return this form to the Division of Graduate Medical Sciences, Room L309, 72 E. Concord St., Boston, MA 02118.

Last Name:	First Name:	BU ID#:	
Program/Department:		Major Professor:	
PETITION INFORMATION			
1. Please indicate the approximate	e date when each of the follow	ving requirements has been or will be completed:	
a. course work	b. qualif	b. qualifying exams	
c. prospectus/proposal			
2. Is your dissertation research cor If no, how much is completed, and	•	completed?	
3. How much of the dissertation is a. How many chapters pro b. How many chapters con	posed?		
4. How much of the dissertation ha	as been reviewed by your first	and second readers?	
5. Give date final draft of dissertation	on was or will be submitted to	department.	
6. When will defense of dissertation	n be held?		
Please use the space below if you v committee should take into conside		n of extenuating circumstances which the	
Major Professor (Printed Name)	Program Director/Chairma	n (Printed Name)	
Major Professor (Signature)	Program Director/Chairma	n (Signature) Associate Provost (Signature)	



Petition—PhD Extension of Time

Please have your major professor (PI) submit comments and evaluation of your progress on the space below.