

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.

STUDENT INFORMATION

Last Name:

First Name:

BU ID#:

Program/Department:

Major Professor:

PETITION INFORMATION

1. Please indicate the approximate date when each of the following requirements has been or will be completed:

a. course work

b. qualifying exams

c. prospectus/proposal

2. Is your dissertation research completed?

If no, how much is completed, and when do you expect it to be completed?

3. How much of the dissertation is written?

a. How many chapters proposed?

b. How many chapters completed?

4. How much of the dissertation has been reviewed by your first and second readers?

5. Give date final draft of dissertation was or will be submitted to department.

6. When will defense of dissertation be held?

Please use the space below if you wish to include any information of extenuating circumstances which the committee should take into consideration.

Major Professor (Printed Name)

Program Director/Chairman (Printed Name)

Major Professor (Signature)

Program Director/Chairman (Signature)

Associate Provost (Signature)



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