

**Oklahoma State University
Graduate College
REQUEST FOR EXTENSION TO
SUBMIT A PLAN OF STUDY**

CWID number _____

Today's date _____

Last Name _____ First name _____ Middle initial _____

Which degree are you pursuing? (*check one*) MASTER'S ED. SPECIALIST DOCTORATE

Please release the enrollment hold for (*check one*): FALL SPRING SUMMER _____
YEAR

A Plan of Study (POS) is a contract between the university and a student, stipulating requirements for completion of a graduate degree. Thus, it is in my best interest to submit and receive approval for a POS early in my program of study. I, the student, understand that by the end of this semester I will have completed my second semester toward completion of a master's degree or my third semester towards a doctoral or education specialist's degree. I request an extension to submit my POS, with the reasons stated below. I am aware that I must submit a POS to the Graduate College before I will be allowed further enrollment. I understand that this extension will be granted one time only.

Please initial your acceptance of this statement here: _____

I expect to submit my POS by the following date _____

Reason for the request: _____

Approval Signatures

Student signature _____ Date _____ Advisor signature _____ Date _____

Graduate Coordinator/Department Head _____ Date _____ Graduate Dean _____ Date _____