

# Graduation EXTENSION



THE GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES  
BAYLOR COLLEGE OF  
MEDICINE

Student Name: \_\_\_\_\_ BCM ID #: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ (Are you also in the MD/PhD Program? p Yes No).

Date of Defense:	_____
Graduation Deadline:	_____
Dates of <u>Extension Request</u> :	From: _____ to _____

REASON FOR EXTENSION OF GRADUATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Departmental Approvals

	Printed Name	Signature	Date
Major Advisor			
Program Director			
Financial Administrator			

THIS FORM MUST BE SUBMITTED TO THE GRADUATE SCHOOL PRIOR TO THE ORIGINAL GRADUATION DEADLINE

## GSBS Approvals

Dean - Graduate School of Biomedical Sciences \_\_\_\_\_  
*Signature* *Date*