

**UNIVERSITY OF MASSACHUSETTS BOSTON
UNIVERSITY REGISTRAR**

STATUTE OF LIMITATIONS EXTENSION FORM

Student Name: _____

UMS #: _____ **Social Security #** _____

Program: _____

Expected date of degree completion: _____

Student: Please state reasons for requesting an extension and your academic plan for completing requirements.

I approve the above plan to extend this student's statute of limitations to _____

Graduate Program Director Approval Signature: _____

Date: _____

Registrar's Approval: _____