Petition for Extended Registration in PhD Program
Return to the Graduate Studies Office, M/C 230-87, Room 230 Center for Student Services

Last Name ___________________________________________ First Name ___________________________________________

Option __________________ Year Entered CIT _______ Email _____________________________________________

Thesis Advisor ___________________________________________

Please give the current status of your progress and plan for completing candidacy requirements, as well as your timeline for degree completion. Include sufficient information (attach additional material if needed) and describe any extenuating circumstances so we can determine if further discussion is needed with you or your advisor. Insufficient information may result in an enrollment hold until we can determine if it is appropriate for you to continue in the PhD program.

Date ___________________ Student Signature ____________________________

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☐ Recommended
☐ Not Recommended

Date ___________________ Thesis Advisor Signature ____________________________

☐ Recommended
☐ Not Recommended

Date ___________________ Option Representative Signature ____________________________

☐ Approved
☐ Not Approved

Date ___________________ Dean of Graduate Studies Signature ____________________________