#### NOTES:

. Allow two weeks for the complete processing of the application.

. For rules applicable to study duration, please see the section “Length of graduate and doctoral studies and absences” on the [Graduate Studies Hub](https://www.etsmtl.ca/en/programs-and-training/programs/graduate-studies-hub).

#### PART 1 - STUDENT

Complete and save the form, naming it based your permanent code **(e.g., ABCD12345678 - Extension)** and **forward it directly** (by email).

Add the **person responsible** for your file at the Graduate Studies Office as a CC recipient.

**PART 2 - PROFESSOR** (to be completed on **page 2**

Mark to indicate your recommendation and enter a comment.

Save and close the file, and then forward **the e-mail** received from the student to the **person responsible** for your file at theGraduate Studies Office.

→ Responsible person - Choose the discipline

|  |
| --- |
| **Name** : Click or tap here to enter text.  **Permanent code**: Click or tap here to enter text. |
| **Research supervisor OR program director**  Name : Click or tap here to enter text.  **Program**  Type of programs: click to choose  Discipline : click to choose  **First term of registration in the program:**  Year : Choose Term: Choose  **Terms of extension already granted:**  Choose |

**INDICATE THE TERM(S) FOR WHICH YOU ARE REQUESTING AN EXTENSION:**

|  |  |  |
| --- | --- | --- |
| **1rst term** | **2nd term** | **3rd term** |
| Year: ChooseTerm: Choose | Year :Choose Term: Choose | Year :Choose Term: Choose |

**Is this extension implying a renewal of your immigration documents ?** yes  no

**If so, what is the end date of you study permit ?** Choose

**If other, please specify:** Click or tap here to enter a date.

|  |
| --- |
| **WORK PLAN FOR THE REQUESTED EXTENSION TERM(S)**  Please clearly indicate what remains to be done in your program, and submit a timetable for achieving it.  (you can attach an annex if necessary)  Click or tap here to enter text. |

**PART 2 – RESEARCH SUPERVISOR (or PROGRAM DIRECTOR)**

Please forward this form to the person responsible for the program at the Graduate Studies Office (BCS), indicating (below or in the body of the email): → Responsible person - Choose the discipline

**1. Please , indicate if you approve this extension of studies :**

yes  no

**2. Any information that you consider useful in processing the request**

|  |
| --- |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **To the Registrar’s Office** :  The extension is :  granted  refused  \_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean of studies office | Click or tap here to enter a date.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

**Remarks :**

|  |
| --- |
| Click or tap here to enter text. |