

The following student has been approved to extend their period of study at The Cooper Union

Student Information (Part 1):			
Student LAST Name:	[PRINT CLEARLY]	Student ID Number ▼	
Student FIRST Name:	[PRINT CLEARLY]		
Student Major:	<input type="checkbox"/> BSE <input type="checkbox"/> CE <input type="checkbox"/> ChE <input type="checkbox"/> EE <input type="checkbox"/> ME	Grade Level:	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Grad
Residential Address:			
Contact Information:	Email:	Phone:	
Are you an International Student?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, please have DSO sign: _____ Date:	

Reason(s) for Extension (Part 2):
<input type="checkbox"/> Medical <input type="checkbox"/> Personal <input type="checkbox"/> Work/Professional <input type="checkbox"/> Other

Length of Extension (# of semesters):		Current GPA:	_____ / 4.0
Anticipated Graduation Date with Extension:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:	

--- STOP HERE: Please save file as is and email document to Betsy Quitugua in the Dean’s Office. Betsy will take care of signatures. ---

Required Signatures (Part 3):	
Student Signature:	(Sign) _____ Date: _____
Advisor Signature:	(Print) _____ (Sign) _____ Date: _____
Dean Signature:	(Sign) _____ Date: _____