#### NOTES:

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

. For rules applicable to an extension of the study duration, please see the [*Study duration rules*](https://www.etsmtl.ca/en/Students/Lenght-of-graduate-and-doctoral-studies).

#### PART 1 - STUDENT

Complete and save the form, naming it based your permanent code (e.g., ABCD12345678 - Extension) and **forward it directly** (by email) to your Research Director or [Program Director](https://www.etsmtl.ca/en/Students/Contact-Persons) (if you do not have a Research Director)

* Add the person responsible for your file in the in the [Graduate Studies Office](https://www.etsmtl.ca/en/Students/Contact-Persons) 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 the [Graduate Studies Office](https://www.etsmtl.ca/en/Students/Contact-Persons).

|  |
| --- |
| **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 chooseDiscipline : 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](http://www.etsmtl.ca/en/Students/Contact-Persons) at the Graduate Studies Office (BCS), indicating (below or in the body of the email):

**1. 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. |