

**DEPARTMENT OF BIOMEDICAL SCIENCES
SCHOOL OF PUBLIC HEALTH**

EXTENSION OF STATUTE OF LIMITATIONS

TO: Chair, Graduate Academic Committee

FROM: _____
Student Name

RE: Extension of Statute of Limitations

DATE: _____

This memo is to inform you that I am requesting an Extension of Statute of Limitations for the following

Semester (s): _____

Required: A description of work completed to date with reason for request

APPROVALS:

Mentor Date

Graduate Academic Committee Chair Date

Department Chair Date

Date Recorded: _____

cc: Mentor
Student
Forms/BMS Statute of Limitations