

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF NEAR EASTERN LANGUAGES AND CIVILIZATIONS

Request for Extension of Dissertation Proposal Deadline

Student's Name: _____

E-mail Address: _____ ID Number: _____

Return date of last graded comprehensive exam: _____

Duration of extension (not more than 6 months): _____

What is your reason for requesting the extension?

Advisor signature: _____

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Date received: _____