

**REQUEST FOR TIME EXTENSION
OF COURSE CREDITS
EAST CAROLINA UNIVERSITY
THE GRADUATE SCHOOL**

Name : _____

Banner ID: _____

Degree: Master of Science

Program: Nutrition (Department of Nutrition Science, College of Allied Health Sciences)

Semester/Session Admitted _____ Extend time through _____.
(Semester/Session)

This is the _____ request.
(first, second, third, etc.)

JUSTIFICATION: Attach additional sheet if necessary.

(Signature & Date) Graduate Advisor

(Signature & Date) MS in Nutrition Program Director

GRADUATE SCHOOL USE ONLY

Credits Committee Action: _____ **Approved through** _____
(Semester/Session)

Stipulation(s) _____

(Signature & Date) Assoc. Dean of Graduate School