

PhD in Population Health Sciences

Environmental Health | Epidemiology | Global Health & Population | Nutrition | Social & Behavioral Sciences

FIFTH YEAR EXTENSION REQUEST

This form is to request for funding beyond the fourth year of the program. It is to be completed and signed by both the student and their advisor. Submit the completed form to the field of study for review and approval. The field of study will notify the PHS office of their decision, in which the PHS office will sign off as acknowledgement and file appropriately.

This Form is to be Completed by March 31 of the Fourth Year of the PhD Program

Student Name: _____

Date: _____

Advisor Name: _____

HUID: _____

Field of Study: EH EPI GHP NUT SBS

Date of Your PQEII Exam: _____

Anticipated Defense Month/Year: _____

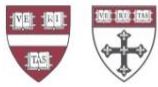
Anticipated Degree Conferral: November March May

STUDENT ASSESSMENT

Please describe the circumstances that make a fifth year of study necessary, and whether you think you will be able to complete the dissertation during the following summer, or within one additional semester, or whether a full year will be necessary.

Student Signature: _____

Date: _____



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ADVISOR ASSESSMENT

Please provide a brief description of the student's progress to date on their dissertation, confirming satisfactory academic progress, and also the need for additional time beyond four years in order to complete the dissertation research.

Advisor Signature: _____

Date: _____

OTHER REQUIRED SIGNATURES

By signing in my designated place, I confirm that the above assessments are accurate and approve this student's request for fifth year funding.

Field of Study Signature: _____

Date: _____

PHS Office Signature: _____

Date: _____

cc: Student Academic Advisor Field of Study Academic Administrator PHS Office Student File