

Request for Reinstatement After Time Limit

For PhD students who started their program before September 1, 2010 AND master's, flexible-time PhD, professional doctoral students who started their program prior to September 1, 2011.

Reinstatement after time limit requires approval of both the graduate unit and the School of Graduate Studies. Reinstatement is permitted for a maximum of 12 months and no further extensions or reinstatements will be granted.

Note: Full-time PhD, flexible-time PhD, professional doctoral and master's students in programs with theses or other requirements to complete, such as a project, major research paper, or recital, are charged one session only full-time fees for up to 12 months of registration. Part-time flexible-time PhD, professional doctoral and master's students are charged one session only part-time fees, for up to 12 months of registration. Full-time and part-time coursework-only master's students pay FT/PT fees for the session(s) in which they are enrolled.

Student Number:
Graduate Unit:

Section 1: To be completed by the student:

Name:

Degree:

Address:		U of T Email:		
Date of First Registration in Program:		Full-time	Part-time	
Original Degree Time Limit: (Date)	Last Regis (Date)	tration:		
Thesis Supervisor:	Thesis Title	Thesis Title:		
I understand that all requirements for the degree, includi of reinstatement.	ng the defence of the	thesis, must be completed	within 12 months of the date	
Student's Signature:			Date:	
section 2: Chair/Director/Graduate Coordinator and	Supervisor Appro	val		
Background information in support of reinstatement (attach ac	dditional pages, if requ	red):	_	
The graduate unit must set a definite timetable for comp month time limit from the date of reinstatement:	letion of thesis. The fol	lowing dates must be schedu	lled within the student's 12-	
Graduate Unit Examination Date (if applicable):				
SGS Oral Examination Date:				
Does the Supervisor/Supervisory Committee concur that	t the thesis is ready for	final examination?	Yes /////////No	
3. Comments				
I recommend the above student be reinstated to defend the th	nesis within a period of	12 months effective:		
September 20 January 20_		May 20		
Supervisor's Signature:	Gradua	, <u></u>	Date:	
Supervisor's Signature: (sign and print name)		te Unit:	Date:	
Supervisor's Signature: (sign and print name) Home Chair/Coordinator Signature: (sign and print name)	Gradua	te Unit:		
September 20 January 20_ Supervisor's Signature: (sign and print name) Home Chair/Coordinator Signature: (sign and print name) section 3: Vice-Dean, Students, School of Graduate Request for Reinstatement After Time Limit:	Gradua	te Unit:		