

**THE COLLEGE/UNIVERSITY OF THE BAHAMAS  
PERIOD OF CANDIDACY EXTENSION FORM**

Students are eligible for an extension of candidacy if they have completed at least three quarters of their programme of study. **At least one regular semester prior to the end of candidacy**, students must submit a completed **PERIOD OF CANDIDACY EXTENSION FORM** along with a current transcript and Student Advisement Form/Contract of Study to their academic advisor who will forward the petition to the Academic Dean/Executive Director through the Chair/Academic Head of the School/Unit responsible for the programme.

Name of Student: \_\_\_\_\_ ID #: \_\_\_\_\_  
Please Print

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Programme of Study: \_\_\_\_\_

Total Programme Credit Hours: \_\_\_\_\_ Credit Hours Achieved: \_\_\_\_\_ Credit Hours Outstanding: \_\_\_\_\_

Major GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Time Requested for Completion of Programme: \_\_\_\_\_

<b>Courses (Abbreviation/No./Title) Needed to Complete Programme</b>	<b>Anticipated Semester/Session Enrolment</b>

Reason for Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Student Date

<b>FOR OFFICIAL USE ONLY</b>	
<input type="checkbox"/> Request Denied <input type="checkbox"/> Request Approved    Recommended Extension: _____	_____
Signature, Academic Advisor	Date
<input type="checkbox"/> Request Denied <input type="checkbox"/> Request Approved    Recommended Extension: _____	_____
Signature, Chair/Academic Head	Date
<input type="checkbox"/> Request Denied <input type="checkbox"/> Request Approved    Approved Extension: _____	_____
Signature, Academic Dean/Executive Director	Date