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**Program Review Self-Study Extension Request Form**

Instructions: Complete the information below to be considered for an extension of the Program Review Self-Study deadline. The decision will be communicated with the Self-Study Team/Lead through the assigned Validation Team.

Requestor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale. Explain why your program/department is unable to complete your Self-Study by the deadline. Provide as much information as you are able/comfortable.

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Proposed Completion Date. When will you be able to complete the Self-Study?

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**Validation Team/Planning Committee Only Section**

Validation Team recommendation (check one): Approve \_\_\_\_ Decline \_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Planning Committee Vote (check one): Approve \_\_\_\_ Decline \_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved New Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_

Approved for exemption of the following consequences (check all that apply):

 Program not considered for budget allocation \_\_\_\_

 Program not considered for revitalization \_\_\_\_

 Suspension or discontinuation of program \_\_\_\_