



**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 their 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 through the Head of the Academic Unit responsible for the programme of study.

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

UB E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Academic Unit: \_\_\_\_\_ Programme of Study: \_\_\_\_\_

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

Major GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Time Requested to Complete Programme: \_\_\_\_\_

Courses (Abbrev./No./Title) Needed to Complete Programme of Study	Anticipated Semester/Session Enrolment

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY	
<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, Academic Unit Head: _____	Date: _____
<input type="checkbox"/> Request Denied / <input type="checkbox"/> Request Approved	Approved Extension: _____
Signature, Academic Dean: _____	Date: _____