



**Return to the College of Graduate Studies**

- Email [GCACademicSvcs@utoledo.edu](mailto:GCACademicSvcs@utoledo.edu) or
- University Hall 3240, Mail Stop 933 or
- Mulford Library 113, Mail Stop 1042

Fillable PDF. Digital signatures and email submission strongly preferred. Illegible and incomplete forms will be returned.

**Continuation of Matriculation for Degree**

**Instructions:** This form is to be used by students who are currently registered but will be unable to complete requirements before time-to-degree expires, or by students completing a Readmission Application and requesting a one year extension of their original time to degree. **This form is to be used for first extension requests of one year only.** Approval of the Advisor, Chair or Program Director, and Associate Dean of the Degree Program indicates that the student has been deemed sufficiently current and adequate to continue to work toward the degree, that the student is making satisfactory progress as determined by internal departmental or college procedures, and that those courses exceeding the time limitation (by one term or year) are approved for recertification. The completed form with all approval signatures should be returned to the respective College of Graduate Studies Office for review and final approval. (Incomplete forms will be returned to the advisor/academic department.) No additional course revalidation materials or forms are required to accompany this form.

There is a \$55 per course fee assessed for each course approval for recertification. Fees are paid by the student using COGS secure Touchnet payment site after the Continuation of Matriculation form has been approved. **Notification will be sent via university e-mail to both the student and the advisor.**

**To be completed by Student.**

Name: \_\_\_\_\_ Rocket ID: \_\_\_\_\_

Degree Sought: \_\_\_\_\_ Program: \_\_\_\_\_

Projected Date of Graduation (month/year): \_\_\_\_\_

Reason for Request:

**List all courses that will be out-of-date at the projected time of graduation:**

<i>Dept. &amp; Number</i>	<i>Course Title</i>	<i>Semester/Year Course Taken</i>

<i>Dept. &amp; Number</i>	<i>Course Title</i>	<i>Semester/Year Course Taken</i>

**College Approval**

The student is sufficiently current and adequate to continue to work toward the degree and is making satisfactory progress. We approve the student's extension request, course recertification, and projected date of degree completion listed above.

_____	_____	_____
Advisor (printed)	Signature	Date
_____	_____	_____
Chair or Program Director (printed)	Signature	Date
_____	_____	_____
Associate Dean, Degree Program (printed)	Signature	Date

**For College of Graduate Studies use only:**

Approval \_\_\_\_\_ Date \_\_\_\_\_

Number of Courses Recertified \_\_\_\_\_ Total Fee \_\_\_\_\_

Notification to Student/Advisor \_\_\_\_\_ Payment Received Date \_\_\_\_\_

Date of E-Mail

Date of Receipt