



RENTON TECHNICAL COLLEGE

**REQUEST FOR ADDITIONAL TIME IN PROGRAM**

Student's Name \_\_\_\_\_ SSN \_\_\_\_\_

**Directions: According to the current catalog, your program is scheduled to complete in \_\_\_\_\_ quarters. In order to help us determine if you have any remaining eligibility, please complete Section A and B below.**

- A. \_\_\_\_\_ I will need to take another term in order to complete the program.  
\_\_\_\_\_ The total hours of my program have been reduced in the current catalog. I plan to complete the program hours that were published for my program when I began my education. The original hours were \_\_\_\_\_.  
\_\_\_\_\_ I am in pursuit of a dual degree/certificate. I will need to take \_\_\_\_\_ terms in \_\_\_\_\_, to complete the dual degree/certificate.  
\_\_\_\_\_ Other. Please describe \_\_\_\_\_

- B. \_\_\_\_\_ My instructor and I have determined that I will complete my program by \_\_\_\_\_ (Please give specific date.)

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

Instructor use: Please explain the reasons for additional time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:	
Maximum at 25% _____	Hours Needed _____
Currently awarded _____	Approved for _____
Comments _____ _____	
Awarded by _____	Date _____