



**NORTHWESTERN UNIVERSITY
DEPARTMENT OF CHEMISTRY**

Research Extension Request Form

_____, who entered the program _____, is petitioning for an
(Print Student's Name) (Date of entry)
extension of research support until _____ (Date cannot be later than August 31 of next academic year)
(Date)

The current project is _____
(Provide a brief description of your current research)

Student's Signature *Date*

To be completed by student's adviser

Please Note: The adviser is responsible for paying for the student's stipend and tuition during the extension period.

Adviser's Signature *Date*

Return to: Chemistry Graduate Program Assistant
Northwestern University
2145 Sheridan Road
Evanston, IL 60208-3113

Office use only
Date Received Graduate Program Assistant _____ Business Office _____
Graduate Affairs Approval _____ Letter Issued to Student _____