MARLBORO COLLEGE

APPLICATION FOR PLAN EXTENSION II

A Plan of Concentration is considered complete when all work is done except for the oral examination. If the student is unable to complete the Plan by the end of the final semester, he or she must apply for Plan Extension I, Plan Extension II or Plan Discontinuance. Failure to apply for a Plan Extension will result in a status of Plan Discontinuance.

If the student needs any further faculty assistance to complete Plan work, he or she must register for further instruction or be discontinued. Depending on the proportion of Plan work to be completed and the amount of required instruction, the number of credits can range from 1 to 18. The exact number of credits will be set by the Dean of Faculty after consultation with the student and the Plan Sponsor. If the student is scheduled to finish in December, the extension is valid for the following spring semester. If the student is scheduled to finish in May, the extension is valid for either the fall semester or the intervening summer. The Course Registration form for fall or spring semester credits must be received in the Registrar's Office by the academic registration deadline. For summer credit, registration must occur before the end of the spring term. If these deadlines are not met, the default status will be Plan Discontinuance. If Plan work is not completed on time under Extension II and the student is not eligible for Extension I, he or she will be discontinued. A further extension under Extension II is possible, but only if the student submits a new Final Plan Application which the faculty must approve.

For billing purposes, students on Extension II are charged on a per-credit basis for any remaining work.

I hereby apply for Extension II. I plan to enroll in the following number of credits in my Extension II semester:

Summer _____ **Fall** _____ **or Spring** _____

Signatures

Name: _____ Sponsor(s): _____

Forwarding _____ _____

Address: _____ _____

_____ Director of Student Accounts: _____

_____ Dean of Faculty: _____

Tel. # _____ Registrar: _____

I have read and understood the terms of this application _____ _____

(student's signature) (date)

RETURN THIS FORM TO THE REGISTRAR'S OFFICE

When finalized the Registrar will provide a copy of this form to Financial Aid and Student Accounts