

**School of Counseling and Counseling Psychology** 

## ASU COUNSELING PSYCHOLOGY CPY THESIS REQUEST FOR EXTENSION

The purpose of this form is to formally request an extension for completing your thesis (to not exceed one additional semester (i.e., end of Y3 fall semester)), beyond the required time line of (see current Counseling Psychology Program Handbook).

This form must be reviewed and signed by your advisor by (see current CPY Handbook) so that it can be considered at the faculty meeting in April when annual reviews take place.

Please complete the form below, and attach a copy of your thesis (in its current stage).

Name						Date			
Status in Progra	m		Secon	d Year		Third Year			
Number of cred	its co	mpleted				Current GPA			
Please list the date that you proposed your thesis successfully									
Thesis Title									
Thesis Abstract									
Type of data		Qualitati	ve	Origin (	of study	☐ Original study			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Quantita		Origin	or study	Part of a larger study			
		Mixed-M				Secondary data analysis			
If you are collecting data:									
Projected N									
Status of data collection			Has not yet	begun					
				Data collecti	ion will st	art on (date)			
				Data collecti	ion is com	nplete			

Status of data analysis		Has not yet begun					
		In progress					
		Complete					
Justification of request for extension (please include supporting documentation, as needed):							
Proposed timeline for completion							
Thesis Chair Approval of Request for Extension							
mesis chair Approval of Request for Extension							
Name		Signature	Date				
- Name		Signature					
Internal Use Only:							
Б							
Approved							
☐ Denied							
Director of Training							
Name		Signature	Date				
School Director							
Name		Signature	Date				