

DOMINICAN SCHOOL OF PHILOSOPHY & THEOLOGY
MA Thesis/Exam Filing Extension Agreement Form

This agreement outlines specific conditions under which a student may defend and file a DSPT M.A. thesis (or take the comprehensive exams) and graduate in a given term without registering or paying continuing fees for that term. The student completes the form and submits it to the DSPT Dean at any time prior to scheduling the defense.

Student Name: _____ Phone: _____
 Degree Program: _____ Area: _____

You may only use this form if you have already...

- satisfied all course requirements for the MA (including foreign language and Academic Forum requirements),
- met the tuition/residency requirement (48 units for the MA tuition, 63 units for the concurrent MA),
- submit a completed Program Requirement Checklist with this agreement,
- submit a written timetable with this form that has been confirmed with **each** member of your thesis/exam committee that they are *willing and available* to work with your proposed schedule.

(NOTE: Faculty are **not obligated** to serve during breaks in the academic calendar, i.e. January or summer. Any questions about participation that result from ambiguities in the schedule you have created will be rendered in favor of this DSPT policy concerning faculty workload.)

AND you plan to...

- defend your thesis/take your exam by the end of Late Registration in the semester you wish to graduate **AND**
- file the thesis by the filing deadline of that semester

PLEASE READ CAREFULLY BEFORE SIGNING.

AGREEMENT

I plan to **graduate** in the _____ semester

I will **defend** my thesis or **take** the oral exam by _____(see Academic Calendar for deadline)

I will **file** my thesis or Certification of comprehensive examination form by _____.

IF I do not meet the defense/oral exam or filing deadlines above, then I agree to pay full continuing registration fees to DSPT for that semester . I understand that I will not be permitted to graduate until (1) the thesis is filed by the deadline in the DSPT Registrar’s Office, and (2) I have fulfilled all outstanding financial obligations to DSPT.

Student Signature _____ Date _____

APPROVALS

I agree to work with this student according to the schedule provided by the student and submitted as part of this form.

Thesis Coordinator or Primary Examiner _____ Date _____

First Reader _____ Date _____

Second Reader _____ Date _____

I approve this student’s request for the filing extension according to the schedule above.

Academic Dean Signature _____ Date _____