**REGARDING THE DEADLINE EXTENSION FOR preliminary exam OR DEFENSE**

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| **Graduate Program:** Immunology |
| **Type of Exam: ( ) Defense ( ) Preliminary Exam** |
| **Graduate Degree: ( ) Master’s ( ) PhD** |
| **Candidate’s Name:** |
| **USP Number:**  |
| **Advisor:** |
| **JUSTIFICATION (please provide details of the case and the specific needs):** |
| **Extension days requested (maximum granted - 180 days):** |
| **Advisor’s acknowledgment****Date:****Advisor’s signature:**  |
| **Progress of work carried out (please describe clearly and briefly)** |
| **Approval from the Program Coordinating Committee (CCP) and/or the Graduate Program Committee (CPG):****Date:****Signature of the CCP Coordinator:** |