

Department of Academic Enrichment Rohrbach Library, Room 27 (610) 683-4726 | acadenrichment@kutztown.edu

Request for Extension of Exploratory Studies Status Form

Name:	_	KU ID #:	
KU Email:	@live.kutztown.edu	Cell Phone:	
Total Credits Earned:		Cumulative GPA:	
REASON(S) FOR REQUEST F	OR EXTENSION (CHECK	(ALL THAT APPLY)	
 ☐ Incomplete Prerequisites ☐ Incomplete Portfolio ☐ Missed Application Deadl ☐ Plan to transfer to anothe 	ine	desired major in explanation area below) ion in the space below)	
EXPLANATION:			
Student's Signature:		Date:	
Recommended:			
Chairperson's Signature: Department of Academic Enrichment		Date:	
Associate Provost's Signature:for Retention & Student Success		Date:	
REQUEST STATUS			
Approved	☐ Denied		