

UNDERGRADUTE RESEARCH OPPORTUNITIES
PROGRAM

Request for Extension of Completion Date

Name _____ College _____

Revised Completion Date _____ Graduation Date _____

Faculty Sponsor Name _____

Reason for request _____

Student Signature Date Sponsor's Signature Date

Student's Email Address Sponsor's Email Address

Please return to: Swenson College of Science and Engineering
Student Affairs Office 140 Engineering Bldg
1303 Ordean Court
Duluth, MN 55812

For UROP Office use only:
UROP Office Approval _____ Date _____

Budget # _____ Dept. Accountant _____
Email Address _____