

UP TO 4 WEEKS

BEYOND 4 WEEKS

**POST TERM
EXTENSION REQUEST FORM**

NAME OF STUDENT: _____

COURSE NAME AND NUMBER: _____

NAME(S) ON INSTRUCTOR(S): _____

REGISTRAR: _____

I request an extension in the above course.

I propose to have the work completed on or before: _____

Please give rationale:

Are you asking for extensions in other courses? How many? _____

SIGNATURE OF STUDENT

DATE

Extension granted to _____ by _____
DATE SIGNATURE OF INSTRUCTOR

OR

Extension denied for the following reasons(s):