OFFICE OF THE REGISTRAR

Office of the Registrar
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COURSE EXTENSION REQUEST FORM

Course Extension Requests must be submitted directly to your Program Leader at least four (4)business days before the last scheduled academic activity of the course.

Students who are unable to finish their course(s) by the course end date due to circumstances beyond their control may apply for a course extension using this Course Extension Request Form. An initial extension of up to 20 business days may be approved by the Associate Dean. A second extension of up to 20 business days may be granted with approval from the Dean.

For further information, please refer to **Section 4.6** of the AD 2.2 Grades Procedure (pdf).

PART 1 — COMPLETED BY STUDENT

Student Name: (Last, First)	Student Number:	Program:
Phone Number:	**Email:**	

Please select the type of course extension you are requesting *(select one only)*:

- ☐ First extension – 20 business days
- ☐ Second extension – an additional 20 business days for one or more previously extended courses

I request to extend my completion date for the following course(s):

Course Number	Course Name	Requested Extension Date (MM/DD/YYYY)	First extension end date *(Only required for Second extension requests)*

Reason for Course Extension request:

☐ Supporting documents attached (please check)

If my request is approved, I am aware that I must complete all of my outstanding required coursework within the approved timeframe. I understand that failure to do so will result in a failing grade.

Signature _____ **Date:** _____
MM/DD/YY

Protection of Privacy: Your personal information is collected by NAIT pursuant to its authority under the Post-Secondary Learning Act (Alberta) and in accordance with Section 4(c) of the Protection of Privacy Act (Alberta) (POPA). NAIT will protect personal information in accordance with Section 10 of POPA. Pursuant to Sections 12 and 13 of POPA, personal information will be used and disclosed for the purposes of this form. Note that NAIT uses automated systems to generate content and to make decisions, recommendations, and predictions. The personal information collected may be included for use in these automated systems. Please note that the collected personal information may be transmitted to or stored on servers outside of Canada, and that NAIT cannot guarantee protection against disclosures because of foreign laws. Should you require further information about collection, use, and disclosure of your personal information, please contact Office of the Registrar at 780.471.6248 or toll-free at 1.877.333.6248.

PART 2 — COMPLETED BY PROGRAM (check all that apply)

The reason behind the request is an extenuating circumstance beyond the student's control. ☐ Yes ☐ No

The student has been informed of the requirements and timeline of the extension. ☐ Yes ☐ No

The student has been approved to enroll in subsequent courses that require this/these courses as prerequisites. ☐ Yes ☐ No

The student has been informed of the refund timeline for the subsequent courses. ☐ Yes ☐ No

The student submitted a first extension request for any of the courses listed above. ☐ Yes ☐ No

PROGRAM DECISION – Course Extension Request for the following course(s):

Decision	**Extension Type** *(First or second course extension)*	**Course Number**	**Approved Extension Date**	**Extension Fee** *(Non-credit only)*	**Extension section required?** *(Non-credit only)*
☐ Approved ☐ Denied	☐ First ☐ Second				☐ Yes ☐ No
☐ Approved ☐ Denied	☐ First ☐ Second				☐ Yes ☐ No
☐ Approved ☐ Denied	☐ First ☐ Second				☐ Yes ☐ No
☐ Approved ☐ Denied	☐ First ☐ Second				☐ Yes ☐ No
☐ Approved ☐ Denied	☐ First ☐ Second				☐ Yes ☐ No
☐ Approved ☐ Denied	☐ First ☐ Second				☐ Yes ☐ No

Reason for Approval or Denial:

PROGRAM APPROVAL SIGNATURES

- First extension requests require approval and signature from the **Associate Dean**.
- Second extension requests require approval and signature from the **Dean**.

First Course Extension

Associate Dean Name: _____ **Signature:** _____ **Date:** _____
MM/DD/YY

Second Course Extension

Dean Name: _____ **Signature:** _____ **Date:** _____
MM/DD/YY

HOW TO SUBMIT

- **Student:** Submit your completed form to your Program Leader no later than **four (4) business days before** the last scheduled academic activity of the course.
- **Program Area:** Program Office must submit the completed form to Records within **four (4) business days after** the last scheduled academic activity of the course, or on the extension end date for second extension requests. For non-credit courses requiring an extension, submit the completed request must also be submitted to Scheduling.

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