



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.

The Course Extension Request Form is designed to assist students unable to complete their class (or classes) by the course end date due to extenuating circumstances beyond the student's control. A student may be given up to thirty calendar days of extension if they are approved. Course Extension Requests must be approved by the Program Leader. For more details, please refer to the Grades Procedure, section 4.6.

PART 1 — COMPLETED BY STUDENT

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

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

Course Number	Course Name	Requested Extension Date

Reason for Course Extension Request

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☐ **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

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

PROGRAM DECISION:

Course Extension Request for the following course(s):

Decision	Course Number	Approved ExtensionDate	Extension Fee (CED only)	Extension section required? (CED only)
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for approval/denial:

Program Leader/Designate (print name): _____

Signature _____ Date: _____
Signature MM/DD/YY

HOW TO SUBMIT

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

Program Area: Program Office must submit the approved request form to Records within four (4) business days **after** the last scheduled academic activity of the course. If an extension section is required (CED courses only), please submit the approved request form to Scheduling as well.