

REQUEST FOR AN EXTENSION

SID #: _____ Date: _____
Name: _____

Expected Degree and Year of Graduation: _____

Course: (CRN #: _____) Title: _____

I _____ will accept the work, if approved by the
Instructor's name
Professional Studies Committee.

Signature of Instructor: _____ Date: _____

DATE TO WHICH YOU REQUEST EXTENSION: _____

Give detailed explanation why the extension is needed. Please mention any arrangements you had made earlier with the instructor for extending your work beyond the official end of the semester during which the course was given. Have you completed the other courses you took last term? (attach an additional page, if needed) Return to the Registrar's Office.

Have you applied for an extension before? _____ Yes _____ No

If you answered yes, in what course(s) and the date(s) of previous extension(s):

Committee Action: Date: _____ Approved: _____ Disapproved: _____
Conditions stipulated: