

Yale Divinity School

REQUEST FOR A DEAN'S EXTENSION

This form should be used only for extensions requested beyond the "last day for faculty to accept late work" as specified in the Divinity School Academic Calendar.

SID #: _____ Date: _____

Name: _____

Expected Degree and Year of Graduation: _____

Course Number: _____ CRN #: _____

Course Title: _____

I, _____ will accept the work, if approved by the Academic Dean .
Instructor's name

Signature of Instructor: _____ Date: _____

***GRADES ARE DUE WITHIN 2 WEEKS OF THE EXTENDED DEADLINE APPROVED
BY THE ACADEMIC DEAN***

DATE TO WHICH YOU REQUEST EXTENSION: _____

Give detailed explanation why the extension is needed including 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 during the term? (attach an additional page, if needed). Return this form, signed by the instructor, to the Registrar's Office.

Have you applied for an extension before? Yes No

If yes, please list the course(s) and date(s) of previous extension(s):

Dean's Action: Approved: Y N Initials: Date: _____