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: