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: ______________