

Request for Extension of Course

Student Name:

Student Number:

Course Name

Course number:

Date:

Reason for request:

The documentation attesting to the circumstances surrounding the need for an extension is attached.

Student signature:

See policy C.25 Grading of Courses: Incomplete shall be used if, at the end of a credit course, a student has not completed all the prescribed course requirements due to unusual circumstances and the student has expressed the intent to complete the work, and the course instructor has agreed to the arrangement.

Reasons that would be considered as unusal circumstances are ones that are beyond a students' control. (Such as attested illness or death of an immediate family member),

The maximum time for completion of the work shall be the following term. Failure to submit the assignments will result in a No Credit. The instructor must submit the final mark for the course within seven (7) calendar days from the date s/he received the assignments from the student.

Not Approved	Approved	New End Date:
Instructor signature:		Date: