

For Thesis I and II extensions, please use the Thesis Continuation Request Form.

STUDENT INFORMATION

Last Name: _____ Student ID Number: _____
First Name: _____ Phone Number: _____
Email Address: _____ Program: _____

COURSE INFORMATION

Extension approval requested for:

Course Name and Number: _____ Instructor: _____

Written approval from your Program Director (or designate) must accompany this request. For graduate Counselling practicum extension requests, only written approval from the Practicum Coordinator is required.

Reason for your request:

Please note that extending your course does not extend full time status and could have an effect on your student aid eligibility. Inquires related to funding implications must be directed to sfa@athabascau.ca.

Where payment is applicable, instructions for **Electronic Funds Transfer** can be found on-line at: <http://registrar.athabascau.ca/enrolment/etransfer/index.php>. **If payment is required, please do not submit your payment until the amount has been confirmed by our Program Office.** Your form will be processed once our office receives confirmation that the required **payment has been received by our Finance** department.

Please direct your completed form and any questions you may have to fhgradadmin@athabascau.ca.

Student Signature: _____ Date: _____

FOR UNIVERSITY OFFICE USE ONLY:

Approval Granted: Date: Authorized by: