

EXTENSION REQUEST FORM

Last Name: _____ (Print Clearly) First Name: _____

Course No: _____ Course Name: _____ Completion Date: _____

It is necessary to file the top portion of this Extension Request with the Registrar before the due-date for self-evaluations (two weeks from the last day of classes each term). Your course instructor and Dr. Ken Hill must sign and date your request. **This request will not be considered without the required dated signatures and a completion date.** The bottom section of the form is the instructor's copy. The center section is your copy.

Faculty Member: _____
Print Clearly

Faculty Signature: _____ Date: _____

Dr. Ken Hill, Academic Probation Officer: _____ Date: _____

EXTENSION REQUEST

This is a contractual agreement between the student and the faculty member regarding completion of academic work for credit. It is to be used when work for a course or independent study cannot be completed by the instructor's end-of-term deadlines. If the work is not completed within the extended period of time, the resulting grade automatically becomes an F or XF (No Credit).

Your request will not be considered without the required dated signatures and a completion date.

Student: _____

Course Number: _____ Title: _____ Completion Date: _____
Work is due to faculty, Self-Evaluation is due to Registrar

Faculty Signature: _____ Date: _____

EXTENSION REQUEST

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Course Number: _____ Title: _____ Completion Date: _____

Description of work to be completed: _____

Student Signature: _____ Date: _____