

**APPLICATION FOR EXTENSION**

*This form must be submitted in-person to the Associate Dean, Academic*



Name: Last Name: _____ Given Name: _____		Student #
Address:		Postal Code:
Phone Home: _____	Cell: _____	University email _____ @

Course name and number	Section	CRN	Date exam scheduled	Instructor

**Reason for extension request:** Medical  (Doctor must complete Verification of Student Illness or Injury)  Religious obligation or University athletic event  Compassionate

You are required to submit your paper/assignment on (to be filled out by Associate Dean)

\_\_\_\_\_ Month/ Date/ Year

**Student responsibility to:**

After the Application for Extension has been approved, students must check with the Associate Dean’s office to determine a new due date.

Student must provide detailed reasons for the extension and include as much information as necessary to substantiate your claim. For example dates, names of persons involved and phone numbers.

The basis of my request for a extension is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that to make a false declaration or to supply false evidence is to commit a serious academic offense and would constitute academic dishonesty.

**Signing the Application for Extension indicates that I have read and understood the conditions of the extension privilege.**

\_\_\_\_\_ Student’s signature

\_\_\_\_\_ Date

**To be completed by the Associate Dean:**

I approve this request and  I do not approve this request

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Date