Athabasca University

GRADUATE PROGRAMS

Course Extension Request Form

STUDENT INFORMATION

Last Name:

First Name:

Email Address:

Student ID Number:

Phone Number:

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 fhdgradadmin@athabascau.ca.

I have read the applicable policies and understand that by submitting this form, I agree to its processing and any related fees as outlined. I further understand that any questions which I have relating to this form must be addressed prior to submission.

FOR UNIVERSTIY OFFICE USE ONLY:

Approval Granted: Date: Authorized by:

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