GRADUATE PROGRAMS Course Extension Request Form

STUDENT INFORMATION

	REFERENCE NUMBER:	
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 GCAP 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 <u>sfa@athabascau.ca</u>.

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 the applicable Program Office:

Nursing and Health Studies Students: Email: <u>cnhsgrad@athabascau.ca</u>	OR	Counselling Students: Email: gcapadmin@athabascau.ca
Student Signature:		Date:
FOR UNIVERSTIY OFFICE USE ONLY: Approval Granted:	Date:	Authorized by:

The personal information collected on this form will be used for the purpose of processing your form. This personal information is being collected under the authority of section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, contact the Faculty of Health Disciplines, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Updated: 3/02/2021cd