Athabasca University

GRADUATE PROGRAMS

Thesis Continuation Request Form

STUDENT INFORMATION

Last Name: _____

First Name: _____

Email Address: _____

Student ID Number: _____

Phone Number: _____

Program: _____

I am requesting approval for a _____ continuation of:

☐ **Thesis I**: Continuation requests must be submitted at the completion of the instructor-facilitated Thesis I course activities and prior to the start of the subsequent session

☐ **Thesis II**: Continuation requests must be submitted at the completion of the first 12 months of Thesis II and prior to the start of the subsequent session

Time Frame: From _____ to _____ (maximum 12 months).

Email the completed form to your Thesis Supervisor for approval. If approved, the Thesis Supervisor will forward the signed form to the applicable Graduate Program Director for further approval. **The onus is with the student to ensure that both approvals are received prior to submitting the form to the Program Office**.

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.

Supervisor Signature: _____ Program Director Signature: _____

Payment

You will be notified once approvals are finalized. At that time, you must submit the applicable extension fees. **If payment is required, please do not submit your payment until the amount has been confirmed by our Program Office**.

Instructions for **Electronic Funds Transfer** can be found here. 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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