

## **Course Extension Request Form**

Student is to submit one form for each course for which an extension is requested.

- 1. Student Name:**
- 2. Date you are completing and submitting this form:**
- 3. Course number, course name and course enrollment date for which the extension request is being made:**

**3. Reason for the extension request**

[Reminder of the ARTS policy: Extensions will be granted only in the case of serious and prolonged student illness, a serious accident that involves the student personally or a serious family or personal emergency or circumstance. Please do not request an extension for other reasons.]

**4. The proposed revised deadline (being requested by the student)**

This revised deadline will correspond to the number of student study days lost due to the accident, illness, emergency or circumstance.

## **Africa Reformation Seminary Office Use Only**

1. Course extension approved by Principal, Dean or Registrar: Yes \_\_\_ No \_\_\_
2. Revised credit deadline for course approved for extension:

Principal, Academic Dean, or Registrar's signature or typed name:

Date: