

Distance Delivery Extension Request

General Information

Name:	Student ID #:
Address:	Phone: (Home) (Work)
City/Town:	Fax:
Province/State: Postal Code:	Were you sponsored for the course(s) listed? Yes <input type="checkbox"/> No <input type="checkbox"/>

Extension Policy (Effective July 1, 2008)

- Extension Fee: \$75.00 per eight (8) week extension (NON-REFUNDABLE)**
- Request Form must be received by our office at least **3 weeks prior** to the original course end date
- Only one (1) extension per course (self-directed) is allowed
- Term courses and Workshops are not eligible for an extension
- Students wishing to drop a course must (a) submit a request within ten (10) days of the original start date of the course; and (b) return the course package within two (2) business days of the request to be eligible for a partial refund
- Students wishing to withdraw from a course must submit a request a minimum of 3 weeks prior to the original end date of the course and before writing the final exam; Students may not withdraw from a course after receiving an extension

Course(s) to be extended:

Course Name	Course Code	Term <small>(eg D2012W)</small>	Current End Date

If payment is being covered by a sponsor, please complete Sponsorship Authorization portion below:

Name of Agency/Company: _____

Contact Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ e-mail: _____

Authorization (Please sign): _____ **Date:** _____

Payment Method: Cheque/Money Order (Enclosed) MasterCard Amex Visa Invoice **(Sponsor Only)**

Credit Card #: _____ Expiry Date: _____ / _____

Student Signature: _____ **Date:** _____

Office Use:

1. Verify in ARSI that student has not previously purchased an extension for course(s) and that the extension has not already been assessed
2. In CREN, enter ST and term of the original course (eg. D2012FA); Drill into APRA, assess as EXTND
3. Fax this form to Continuing Education /633-6489. CSR will confirm student eligibility and complete process; Student will be contacted if not eligible for extension

Date Received	
Clerk	
New End Date	
Self-Directed	<input type="checkbox"/> Yes <input type="checkbox"/> No