

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:

PAYMENT AND SIGNATURE

A course extension fee applies for each one-month extension. The fee must accompany this request.

Cheque attached (Payable to Athabasca University)

Credit Card (Click here for [Charge Form](#))

Please direct your completed form and any questions you may have to the applicable Program Office:

Nursing and Health Studies Students:

Faculty of Health Disciplines
Athabasca University
1 University Drive
Athabasca, AB T9S 3A3
Email: cnhsgrad@athabascau.ca
Fax: 780-675-6468

OR

Counselling Students:

Faculty of Health Disciplines
Athabasca University
1200, 10011 - 109 Street
Edmonton, AB T5J 3S8
Email: gcapadmin@athabascau.ca
Fax: 780-421-5046

Student Signature: _____

Date: _____

FOR UNIVERSITY OFFICE USE ONLY:

Approval Granted: Date: Authorized by: