

**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](mailto: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](mailto:gcapadmin@athabascau.ca)  
Fax: 780-421-5046

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR UNIVERSITY OFFICE USE ONLY:

Approval Granted:  Date:  Authorized by: