

STUDENT INFORMATION

REFERENCE NUMBER:

Last Name: _____

Student ID Number: _____

First Name: _____

Phone Number: _____

Email Address: _____

Program: _____

I am requesting approval for one 12-month 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.**

Supervisor Signature: _____ Program Director Signature: _____

You will be notified once approvals are finalized. At that time, you must submit the continuation fee, equivalent to one 3-credit course registration. You may submit the fee by:

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: