



GRADUATE PROGRAMS Extension Request Form

STUDENT ID NUMBER

REFERENCE NUMBER

Please print clearly and complete all sections.

Name: _____ Program: _____
 Address: _____ Telephone Residence: _____
 City/Town: _____ Telephone Business: _____
 Province/State: _____ Postal/Zip Code: _____
 Country: _____

Extension approval requested for:

Course Name and Number:

Instructor:

Written approval from the Program Director: MHS & MN or the Program Director: MN: ANP & PMD: ANP (or designate) must accompany this request.

Reason for request:

There is a \$254.00 charge for each one-month extension. The fee must accompany this request.

Cheque (attached)

Credit card information (attached Charge form – VISA/MasterCard/American Express)

Mail, fax or deliver the completed form to: Graduate Programs Phone: 1-800-788-9041
 Centre for Nursing and Health Studies extension 6735
 Athabasca University Fax: 780-675-6468
 1 University Drive
 Athabasca AB T9S 3A3
 Canada

The personal information collected on this form will be used for the purpose of processing your request for a letter of permission and is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Privacy Act. The collection of this personal information is necessary for operating and administering the services of the Office of the Registrar. If you have any questions about the collection and use of this information, contact the Centre for Nursing and Health Studies, Athabasca University, 1 University Drive, Athabasca, AB T9S 3A3 Telephone: (780) 675-6735.

Student's Signature: _____

Date: _____

FOR UNIVERSITY OFFICE USE ONLY

Approval Granted:

Date:

Authorized by: