

GRADUATE PROGRAMS  
Thesis Continuation Request Form

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STUDENT ID NUMBER

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SPONSORING ID NUMBER

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REFERENCE NUMBER

Please print clearly and complete all sections.

Name: \_\_\_\_\_  
Last First Middle

Program: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Residence: (\_\_\_\_\_) \_\_\_\_\_  
area code

City/Town: \_\_\_\_\_

Telephone Business: (\_\_\_\_\_) \_\_\_\_\_  
area code

Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

E-mail address (home): \_\_\_\_\_

Country: \_\_\_\_\_

E-mail address (work): \_\_\_\_\_

One, 12-month Continuation approval is requested for:

- MHST/NURS 719 Thesis I. Continuation request must be submitted at the completion of the instructor-facilitated MHST/NURS 719 course activities and prior to the start of the subsequent session.
- MHST/NURS 720 Thesis II. Continuation request must be submitted at the completion of the first 12 months of MHST/NURS 720 and prior to the start of the subsequent session.

Time Frame: From \_\_\_\_\_ to \_\_\_\_\_ (maximum 12 months).

Thesis Supervisor: \_\_\_\_\_

Email the completed form to your Thesis Supervisor. The Thesis Supervisor must approve the request. The Thesis Supervisor will forward the form and approval to the Graduate Program Director of your academic centre (Centre for Nursing and Health Studies, or Graduate Centre for Applied Psychology). The request must be approved by the Director.

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
- Credit card information: go to <http://cnhs.athabascau.ca/resources/forms/> for the Charge Form.

Mail, Fax, or deliver the fee as applicable:

Graduate Programs  
Centre for Nursing and Health Studies  
Athabasca University  
1 University Drive  
Athabasca, AB Canada T9S 3A3  
Phone: 1-800-788-9041 ex.6735  
Fax: 1-780-675-6468

Graduate Centre for Applied Psychology  
Athabasca University Edmonton  
Peace Hills Trust Tower  
1200,10011-109 Street  
Edmonton, AB Canada T5J 3S8  
Phone: 1-888-409-2183  
Fax: 1-780-421-5046

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 administrating 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: \_\_\_\_\_