

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:

Where payment is applicable, instructions for **Electronic Funds Transfer** can be found on-line at:

<http://registrar.athabascau.ca/enrolment/etransfer/index.php>. **If payment is required, please do not submit your payment until the amount has been confirmed by our Program Office.** Your form will be processed once our office receives confirmation that the required **payment has been received by our Finance** department.

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

Nursing and Health Studies Students:

Email: cnhsgrad@athabascau.ca

OR

Counselling Students:

Email: gcapadmin@athabascau.ca

Student Signature: _____

Date: _____

FOR UNIVERSITY OFFICE USE ONLY:

Approval Granted: Date: Authorized by: