

## 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:

Please note that extending your course does not extend full time status and could have an effect on your student aid eligibility. Inquires related to funding implications must be directed to [sfa@athabascau.ca](mailto:sfa@athabascau.ca).

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](mailto:cnhsgrad@athabascau.ca)

OR

**Counselling Students:**Email: [gcapadmin@athabascau.ca](mailto:gcapadmin@athabascau.ca)

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

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

FOR UNIVERSITY OFFICE USE ONLY:

Approval Granted:  Date:  Authorized by: