
EXTENSION REQUEST FORM

Please complete Part 1 of this form and send it along with documentation explaining the need for an extension to: Career Development Department, Concordia University College of Alberta, 7128 Ada Boulevard, Edmonton, Alberta, T5B 4E4 or fax (780) 466-9394.

Extension Requests must be accompanied by a \$100 (2 month extension) marking fee per course. NOTE: Extensions are granted on a one-time basis. Assignments will not be accepted after the approved extension date and the course will be considered incomplete.

Part 1

Date: _____ Student ID# _____

Student Name: _____

Address (include postal code): _____

Phone Number: () _____ e-mail: _____

Course Extension Requested for:

(Course #) (Course Name)

Original Completion Date: _____

Tutor's Name _____

Student's Signature _____

Credit Card Number: _____

Expiry Date: _____

3 Digit Security Code (located on back of card) _____

Part 2 (Office Use Only)

Date Received from Student: _____

Extension Completion Date: _____