



College of the Atlantic

**EXTENSION REQUEST**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(Print Clearly)

Term: \_\_\_\_\_

Course Number: \_\_\_\_\_ Title: \_\_\_\_\_

Completion Date: \_\_\_\_\_ **(Work is due to faculty, Self-Evaluation is due to Registrar )**

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

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Probation Officer: \_\_\_\_\_ Date: \_\_\_\_\_

This is a contractual agreement between the student and the faculty member regarding completion of academic work for credit. It is to be used when work for a course or independent study cannot be completed by the instructor's end-of-term deadlines.

Extension Request forms must be filed with the Registrar within three weeks from the last day of classes each term. The course instructor and either Academic Probation Officer Marie Stivers or Academic Dean Ken Hill must sign and date the request. **Your request will not be considered without the required dated signatures and a completion date.**

If the work is not completed by the extension deadline and there is no further extension, the faculty member will evaluate the student based on work completed to date.

If there is no supporting paper work or if the faculty member does not assign a grade or credit, a grade of F or No Credit will be entered.