

Course Extension & Deferral Form

Student Name: _____ **Student ID:** _____

Date of Request: / / **Course:** _____

I wish to request (please circle the appropriate one):

- Assessment extension
- Course extension
- Course deferral

For a period of _____ days/months

For the following reason:

Applicable Fees

I understand that the following fees are applicable for my deferral. (Please circle appropriate fees).

Course Deferral / Extension Duration	Cost
1 Month	\$300
2 Months	\$600
3 Months	\$900
6 Months	\$1,800

Signed: _____

Printed Name: _____

Date: _____