

Extension Request For Course Work

Name _____

Course Number _____ Title _____

Semester and Year _____

Professor _____

Reason for Request:

Work to be completed:

I agree to submit the work for this course on or before _____ [insert date]. If I fail to submit the work on the agreed upon date, I understand that I will receive a grade commensurate with the work completed by the last day of classes for the course.

All late work approved under this extension must be handed in to the Dean's office.

Signatures:

Student _____ Date _____

Professor _____ Date _____

Dean _____ Date _____