

REGIS COLLEGE
REQUEST FOR EXTENSION OF COURSE WORK COMPLETION

To be completed by the student

Student Name _____ Student # _____

Program _____ Department _____ College _____

Phone _____ Email _____

REQUEST for extension (SDF – Standing Deferred) in the following course:

_____	_____	_____	_____
Session	Course Number	Course Title	Professor

Request extension to hand in assignment/complete course work until (date) _____

Reason for Request:

Signature _____ Date _____

To be completed by the Instructor:

Request for extension approved. Instructor requires _____ weeks after submission of assignment for grading.

Grade will reach the Registrar's Office on (date) _____

Professor's Signature _____ Date _____
