**Directions:** This form must be completed by any student requesting an extension beyond three weeks from the end of the examination period. Extensions that result in a due date that is between 3 and 6 weeks from the end of the examination period need to be signed by the professor. Beyond six weeks from the end of the examination period, the student must obtain the authorization of both the professor and the Dean or the Dean’s delegate. The completed form is to be returned to the Office of Academic Records.

**STUDENT INFORMATION** (please print)

Last Name: ___________________________  First Name: ___________________________

Student ID Number: ___________________  Expected Graduation Date: ______________

Phone Number: ______________________  E-mail Address: _______________________

**COURSE INFORMATION** (please print)

Semester: ____________________________  Course Title: ___________________________

Professor: ____________________________  Paper Due Date: _______________________

_____ Extension between 3-6 weeks  _____ Extension beyond 6 weeks

Comments: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**APPROVAL SIGNATURES**

Professor Signature: ____________________________  Date: ______________

Dean’s Office *(if applicable)*: ____________________________  Date: ______________