

Request for Extension

Student: Fill out top part and return to Instructor

Instructor: Fill out middle section and return to Dean of Faculty

Name _____ ID# _____ Box ___ Original Due Date _____

Instructor _____ Course # _____ Number of Previous Requests _____

Student Request: _____ Requested Due Date _____

Reason:

Signature * _____

**I have read carefully the policies regarding incomplete coursework in the Columbia Theological Seminary Catalog and understand the obligations and consequences related to this request.*

Instructor: _____ New Due Date _____

___ Approved ___ Not Approved

Comments & Suggestions:

Signed _____

Dean: _____

___ Granted ___ Denied

Conditions:

Signed _____

Copies: Advisor, Instructor, Registrar, Student