

Student: Fill out top part and return to Instructor

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

Request for Extension

COLUMBIA THEOLOGICAL SEMINARY

Name _____ ID# _____ Box _____ Date Work is Due _____

Instructor _____ Course # _____ Number of Previous Requests _____

STUDENT REQUEST:

REASON:

Signed _____ *
**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: _____ Date _____

_____ Approved _____ Not Approved

Comments & Suggestions:

Signed _____

DEAN _____ Date _____

_____ Granted _____ Denied

Conditions:

Signed _____