SAINT MARK'S COLLEGE
THE CATHOLIC THEOLOGICAL COLLEGE AT THE UNIVERSITY OF BRITISH COLUMBIA

REQUEST FOR EXTENSION TO TIME ALLOWED FOR DEGREE COMPLETION

STUDENT INFORMATION:	**Student Number:**	
Given Name:	**Family Name:**	
Address: PLEASE ENSURE ADDRESS IN MyLION IS CURRENT.		
Email:	**Degree (e.g. M.A.):**	**Program:**

NOTE: Students must be in good financial standing in order to be granted an extension, i.e. they may not be on financial hold due to outstanding tuition fees.

Program Start Date: _____

Has student been on leave? If so, dates: _____

Original deadline for program completion: _____

Is this a first or second extension request? ☐ **First** ☐ **Second** ☐ **Other:** _____

If second extension, first extension was from: _____ **to** _____
(yyyy/mm/dd) (yyyy/mm/dd)

Extension length requested: **From** _____ **to** _____
(yyyy/mm/dd) (yyyy/mm/dd)

Requested by:

_____ _____
Student`s Signature Date

The student must include the following in the request to the Dean of Theology:

(1) memo justifying the request for extension (2) schedule (Extension Timeline) showing how the program will be completed in the period requested.

Students will be required to submit one or more progress reports on or before dates specified.

☐ **Memo attached** ☐ **Timeline attached** ☐ **Medical note attached (if applicable)**

Recommended by:

_____ _____
Dean of Theology Date

Registrar's Note:

Enrolment Services use only:

_____ _____
Date of Approval Director of Admissions & Records