



Course Extension Request Form

FOR OFFICE USE ONLY

SPONSORING CLIENT ID NUMBER
REFERENCE NUMBER

Registrations Services, Office of the Registrar
Athabasca University, 1 University Drive
Athabasca, AB T9S 3A3
Toll Free in Canada/US: 1.800.788.9041
Other: 780.675.6111, Fax: 780.675.6174
www.athabascau.ca

If you are unable to complete your individualized study course during the course contract period, you may apply for and purchase up to three, two-month extensions. Each form and fee must be received by the Office of the Registrar a minimum of one month before the course contract end date. Refer to the AU Calendar, calendar.athabascau.ca/undergrad/current/adm-reg-eval/reg-ind-study.php

General Information (please print)

In order to process this form, it is imperative that you include your student ID number below.

STUDENT ID NUMBER:

--	--	--	--	--	--	--	--

Student Name: _____
LAST FIRST MIDDLE

Mailing Address: _____
CITY/TOWN PROVINCE/STATE
COUNTRY POSTAL/ZIP CODE

Telephone: (____) _____ (____) _____
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Fax/E-mail: (____) _____
(AREA CODE) FAX E-MAIL

Course/Fee Information

The personal information collected on this form will be used to process your course extension request. This information is being collected under the authority of Section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact the Coordinator, Enrollment Services, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, Alberta, T9S 3A3, Phone: 800.788.9041.

In order to process your request, you must include the correct fee for each two-month extension (calendar.athabascau.ca/undergrad/current/fees-refunds/academic-related-fees.php).

Course name and number	Course start date	Extension (indicate first, second, third)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Method of Payment

The personal information collected on this form will be used for the purpose of processing payments. This personal information is being collected under the authority of Section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact the Senior Accountant, Athabasca University, 1 University Drive, Athabasca, Alberta, T9S 3A3, Phone: 800.788.9041.

Name: _____
Address: _____
_____ POSTAL/ZIP CODE

VISA® MasterCard®
 AMERICAN EXPRESS® _____ / _____
EXPIRY DATE

Where incorrect fees are listed, Athabasca University will automatically charge your account with the correct amount.

Note: Do not send confidential information via email. Email messages are not secure.

DESCRIPTION (e.g., application fee or course name and number)	AMOUNT CHARGED
TOTAL	

Student Signature: _____

Date: _____