



# APPLICATION FOR EXTENSION OF TIME

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Campus:**  Maracas  South  Tobago  Barbados  St. Lucia  St. Vincent and the Grenadines

**Programme:**  Advanced Certificate  Diploma  Bachelor

**Emphasis:**  Bible & Theology  Christian Education  Missions  Pastoral Studies

Psychology. & Counselling  Youth Development

**Course Title:** \_\_\_\_\_

**Course Lecturer:** \_\_\_\_\_

**No. of Late Assignments:** \_\_\_\_\_

**Request:**  Research Paper  Project  Other Assignment: \_\_\_\_\_

Exam Deferral

**Reason:**  Financial  Work related  Medical (Medical Certificate must accompany your application.)

Other

**Please explain the reason for your answer above in detail and attach supporting documentation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Original Due Date:** \_\_\_\_\_

**Proposed New Submission Date:** \_\_\_\_\_

Have you ever been granted any extensions:  Yes

No

If yes, please list previous extensions: \_\_\_\_\_

\_\_\_\_\_

Have you ever been granted any exam deferrals:  Yes

No

If yes, please list periods: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICIAL USE ONLY

**ACADEMIC OFFICE:** Approved:  Yes  No

Final Extension:  Yes  No

(If the approval is for a different date from that proposed by the student please so indicate): \_\_\_\_\_

\_\_\_\_\_  
**Signature of Vice President Academic Affairs/ Academic Coordinator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Lecturer**

\_\_\_\_\_  
**Date**

**BUSINESS OFFICE:** Late Charges Paid:  Yes  No

Business Officer: \_\_\_\_\_