



Human Development, Education and Care (HDEC) Department
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Course Extension Request Form

Please complete the following form, giving as much detail as possible. You will be notified, in writing, of the status of your request within one week of the receipt of your request.

Date: _____

Name: _____ **Student Number:** _____

Course Name: _____ **Course Code:** _____

Instructor Name: _____

Reason for request: Please provide your reasons for making this request.

Length of extension requested: 1 month 2 months

Personal Plan for Completion: Please provide a plan for your completion of this course by the end of the requested extension. Include revised due dates based on the length of your extension.

This space for office use only:

Extension granted: **yes** **no**

Fee: _____ ***Fee Waiver requested:**

Start date of extension _____

End date of extension _____

*Students must indicate a fee waiver request on their Course Extension Request form and provide reasons and supporting documents if applicable (i.e., a doctor's note may be required). Conditions or situations that the student was aware of prior to enrolling in the course do not qualify for fee waivers.

HDEC Chair Signature: _____

Instructor Signature: _____