## REQUEST FOR EXTENSION TO ACCEPTANCE

Time extensions are granted for **only one year** at a time, and only two extensions are granted per student. Please submit the form to your unit in the first month of your last valid admission term, as per your acceptance letter.

STUDENT INFORMATION					
Last or Family Name First Name Middle Initial Title: Mr., Mrs., Ms. Uof R Student Number:					
Home Phone:	Cell Phone:			Business Phone:	
Email:			Date of Birth:		
Program:	Major:			Route:	
Is this your: First request for extension or Second request for extension or Other					
Do you have conditional acceptance?	Yes	or No			
REQUEST					
Please state the reasons for the delay:  Student Signature:			Date:		
APPROVAL					
If your student is to received funding, please click the YES check box and attached a new/updated Financial Support Form filled out in FULL. Form found at https://www.uregina.ca/gradstudies/assets/forms/Financial%20Aid/Financial%20Support%20Form%20APR2017.pdf					
	Yes	Or	No		
Approved: ☐ Denied:☐*	Supervisor's Printed Name:		Supervisor's Sign	nature:	Date:
Approved: Denied: *	Graduate Coordinator's Print	ed Name:	Graduate Coordi	inator's Signature:	Date:
Approved: Denied: *	FGSR Approval:		Date:		
Comments:					



<sup>\*</sup> Please attach justification