



### REQUEST FOR EXTENSION TO ACCEPTANCE

Time extensions are granted for **only one year** at a time, and only two extensions are granted per student.

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:		
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><b>Student Signature:</b></td> <td style="border: none; text-align: right;"><b>Date:</b></td> </tr> </table>	<b>Student Signature:</b>	<b>Date:</b>
<b>Student Signature:</b>	<b>Date:</b>	

APPROVAL
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If your student is to received funding, please click the YES check box and attached a new/updated Financial Support Form filed out in FULL.  
Form found at <https://www.uregina.ca/gradstudies/assets/forms/Financial%20Aid/Financial%20Support%20Form%20APR2017.pdf>

	Yes	Or	No
Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor's Printed Name:	Supervisor's Signature:		Date:
Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduate Coordinator's Printed Name:	Graduate Coordinator's Signature:		Date:
Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FGSR Approval:	Date:		

Comments:
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\* Please attach justification