

REQUEST FOR EXTENSION TO ACCEPTANCETime 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	r:
Home Phone:	Cell Phone	Cell Phone:		Business Phone:	
Email:	<u> </u>		Date of Birth:		
Program:	Major:	Major:		Route:	
this your: First request for	extension or Sec	cond request for extension	or Other		
Do you have conditional accepta	nnce? Yes	or No			
REQUEST					
Please state the reasons for the d	elay:				
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Student Signature:			Date:		
APPROVAL					
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	Yes	Or	No		
Approved: Denied: *	Supervisor's Printed Nam	ne:	Supervisor's Signature:	-	Date:
Approved: Denied: *	Graduate Coordinator's P	Printed Name:	Graduate Coordinator'	s Signature:	Date:
A 1 D:1 *	FIGUR 4		D :		1
Approved: Denied: *	FGSR Approval:		Date:		
Comments:					
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^{*} Please attach justification