

## Extension Request Form: Classwork & Tests

**PROGRAM POLICIES**

In order to pursue a deadline extension for classwork OR class test, students are responsible for ensuring they comply with the following Program Policies in the following order:

- 1) Students must contact the Course Director (CD) BEFORE the date of the scheduled assignment/test (i.e. by email 48 hours before), and indicate the reason for missing the evaluation. If this is not possible, students are responsible for contacting the Course Director as SOON as possible.
- 2) Extensions for classwork and tests will only be granted in the case of medical reasons or under exceptional circumstances. Students must ensure the proper documentation is provided in order to be considered for an extension (e.g. Physician's Statement, etc.).
- 3) Students must complete this form and submit it with any other relevant documentation to their Course Director for their approval.

**NOTE: It is up to the discretion of the Course Director whether or not to grant an extension for classwork or test REGARDLESS of the circumstance.**

### Student Information (please print)

Student Number	Last Name/Family Name	Given Name(s)
Telephone	E-mail	Home Faculty

Keep your information up-to-date! Make sure York has your current contact information. Visit Personal Information on the My Student Records section of the Current Students Web site at <http://www.registrar.yorku.ca/myonlineservices/>

### Course Information

Term	Faculty	Subject	Course Number	Section	Tut/Lab

Are you requesting additional time to complete course work?    No    Yes

If yes, please list assignment(s): \_\_\_\_\_

Are you requesting a make-up test?    No    Yes

**Reasons for extension/alternate date:**

Medical \_\_\_\_\_ Completed Attending Physician's statement to CD: <http://registrar.yorku.ca/pdf/attending-physicians-statement.pdf>

Special Circumstances \_\_\_\_\_ Please describe the circumstance: \_\_\_\_\_

### Course Director Information

I have approved the request for coursework extension/alternate test date. The updated deadline/test date: \_\_\_\_\_

Course Director's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date (dd/mm/yy) \_\_\_\_\_  
 (or designate) \_\_\_\_\_

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I WILL NOT approve the request.  
 Reason: \_\_\_\_\_

**Student\*:** I understand that it is my responsibility to complete the work by the agreed upon deadline as indicated above or **I will receive 0 for the corresponding percentage for this evaluation.**

Student's Signature	Date (dd/mm/yy)
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*\*Please take the approved and signed form to the main office of DLLL (Ross S561), where copies of this form will be made (1 for student & 1 for Course Director, & 1 for Course Coordinator, if relevant) and the original will be filed.*