COURSE EXTENSION REQUEST

THOMPSON RIVERS UNIVERSITY
OPEN LEARNING

TRU-OL Student Services, 900 McGill Road, Kamloops, BC V2C 0C8
Fax 250.852.6405 **www.truopen.ca**

GENERAL INFORMATION

- Complete and fax or mail this form to Student Services before the completion date of your course(s) delivered by TRU-OL.
- Note: Only one extension of up to eighteen (18) weeks duration per each continuous, self-paced course is possible. This is subject to eligibility criteria.
- Not all courses are eligible for extensions. This includes paced, group delivery, labs, onsite and other selected courses. Contact Student Services to confirm eligibility.
- Extensions are not normally granted for courses delivered by SFU or UVic, however you may contact the relevant institution to discuss extensions and exceptional circumstances. See your SFU or UVic Student Handbook for contact information.
- Students who have written their examination may not rewrite it during the extension.
- Please apply to write your examination during your extension period if necessary. Submit a Supervised Exam Application form to TRU-OL Examinations to schedule your examination.
- Refer to the TRU-OL Website for information regarding course extensions.
- The information you provide on this form is collected under the Thompson Rivers University Act (BC) and will be used only to administer your request.
- Direct questions to Student Services by emailing **student@tru.ca** or phoning 1.800.663.9711 (toll-free in Canada) or 250.852.7000 (Kamloops and International).

ENTER TRU-OL STUDENT NUMBER

PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)

FIRST NAME (legal) FULL MIDDLE NAME(S) (legal)

MAILING ADDRESS

MAILING ADDRESS (include buzzer code if applicable)

CITY / TOWN / VILLAGE

PROVINCE / STATE | POSTAL CODE / ZIP CODE | COUNTRY

HOME TELEPHONE NUMBER
AREA CODE

BUSINESS TELEPHONE NUMBER
AREA CODE LOCAL

EMAIL ADDRESS (print clearly)

ELIGIBILITY

For courses beginning November 1, 2010 and following:
In order to be considered for a course extension, you must have submitted at least one assignment, project or exam prior to submitting a Course Extension Request.

DECLARATION

☐ I have submitted at least one assignment, project or exam in a self-paced course delivered by TRU-OL and believe I am eligible for an extension.

REQUEST

I request to extend my course completion date for the following course(s):

COURSE NUMBER	COURSE NAME

STUDENT'S SIGNATURE | DATE

PAYMENT $88.23 PER COURSE TOTAL PAID $ _____

☐ CHEQUE / MONEY ORDER (payable to Thompson Rivers University)

☐ SPONSORED (attach authorization)

☐ AMERICAN EXPRESS MASTERCARD VISA

CARD NUMBER EXPIRY DATE ___ / ___ Month Year

NAME ON CARD _____
(print clearly)

CARDHOLDER'S SIGNATURE _____

REASON FOR EXTENSION (Must choose one option)

☐ TIME MANAGEMENT

☐ PERSONAL REASONS
- ☐ Medical
- ☐ Other

Comments:

☐ TO WRITE FINAL EXAM

☐ DIFFICULTY WITH INDEPENDENT STUDY

☐ OTHER

Comments:

FAX OR MAIL THIS FORM (SEE TOP OF FORM) MC114605 • 09/06/11