TRU-OL STUDENT FORM

Course Extension Request

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.
- 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).

ELIGIBILITY

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.

STUDENT’S SIGNATURE __________ DATE __________

PAYMENT $103.32 PER COURSE   TOTAL PAID $ __________

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

☐ SPONSORED (attach authorization)

☐ CREDIT CARD

To pay by credit card, log-in to myTRU. Navigate to the Student Resources tab and click “Make a payment.” Select the current term, enter the payment amount and your credit card information. When your payment is complete, fax or email this form to student@tru.ca. We will not be able to process your request until we receive payment.

REQUEST

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

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<tr>
<th>COURSE NUMBER</th>
<th>COURSE NAME</th>
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REASON FOR EXTENSION (Must choose one option)

☐ TIME MANAGEMENT

☐ PERSONAL REASONS
  ☐ Medical
  ☐ Other

Comments: __________

☐ TO WRITE FINAL EXAM

☐ DIFFICULTY WITH INDEPENDENT STUDY

☐ OTHER

Comments: __________

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 __________ BUSINESS TELEPHONE NUMBER __________

Area Code __________ Area Code __________ LOCAL __________

EMAIL ADDRESS (print clearly) __________

FAX OR MAIL THIS FORM (SEE TOP OF FORM)