TYNDALE UNIVERSITY COLLEGE
WINTER 2019 EXTENSION REQUEST FORM

Office of the Registrar
3377 Bayview Avenue, Toronto, ON, M2M 3S4
Tel: 416.226.6620 ext.6711 • Fax: 416.226.4210
Email: registration@tyndale.ca • Webpage: www.tyndale.ca/registrar

IMPORTANT! READ THE FOLLOWING CAREFULLY:

- Please read the policy on late papers and extensions before submitting this form:
  - University College Academic Calendar: www.tyndale.ca/registrar/calendar/2018-2019/uc (pp. 221-222)
- This form must be submitted to the Registrar's Office by April 24, 2019.
- You must fill out one form per course that requires an extension.

Full Legal Name: _____ **Student ID:** _____

Email: _____ **Daytime Phone:** _____

**If your mailing address has changed, please see www.tyndale.ca/registrar/info.*

Course Code:	Course Title:	Instructor:

Outstanding Assignment(s):	Syllabus Due Date(s):	Extension Date(s) From Professor *(if applicable)*:	Proposed Due Date(s):

Description of personal circumstances that necessitate extension:	
Student's Signature:	**Date:**

OFFICE USE ONLY:

Recommended by *Manager, Centre for Academic Excellence*	Date	Received by Registrar's Office
Approved by Registrar	Date	
		Holds:
Comments		Spreadsheet Updated:
		Notified:
		Grade Assigned: