

STUDENT INFORMATION

REFERENCE NUMBER: \_\_\_\_\_

Last Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Program: \_\_\_\_\_

I am requesting approval for one 12-month continuation of:

**Thesis I:** Continuation requests must be submitted at the completion of the instructor-facilitated Thesis I course activities and prior to the start of the subsequent session

**Thesis II:** Continuation requests must be submitted at the completion of the first 12 months of Thesis II and prior to the start of the subsequent session

Time Frame: From \_\_\_\_\_ to \_\_\_\_\_ (maximum 12 months).

Email the completed form to your Thesis Supervisor for approval. If approved, the Thesis Supervisor will forward the signed form to the applicable Graduate Program Director for further approval. **The onus is with the student to ensure that both approvals are received prior to submitting the form to the Program Office.**

Please note that extending your course does not extend full-time status and could have an effect on your student aid eligibility. Inquires related to funding implications must be directed to [sfa@athabascau.ca](mailto:sfa@athabascau.ca).

Supervisor Signature: \_\_\_\_\_ Program Director Signature: \_\_\_\_\_

**Payment:**

You will be notified once approvals are finalized. At that time, you must submit the continuation fee, equivalent to one 3-credit course registration. **If payment is required, please do not submit your payment until the amount has been confirmed by our Program Office.** Instructions for **Electronic Funds Transfer** can be found on-line at: <http://registrar.athabascau.ca/enrolment/etransfer/index.php>. Your form will be processed once our office receives confirmation that the required **payment has been received by our Finance** department.

Please direct your completed form and any questions you may have to the applicable Program Office:

**Nursing and Health Studies Students:**

Email: [cnhsgrad@athabascau.ca](mailto:cnhsgrad@athabascau.ca)

OR

**Counselling Students:**

Email: [gcapadmin@athabascau.ca](mailto:gcapadmin@athabascau.ca)

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR UNIVERSITY OFFICE USE ONLY:

Approval Granted: \_\_\_\_\_ Date: \_\_\_\_\_ Authorized by: \_\_\_\_\_