



REQUEST FOR PAPER EXTENSION

Last Name	First Name	Middle Name	Phone Number		
Address: # & street, apt #		City	State	Zip Code	
Email Address					

Course Title: _____ Circle One: Pre-Paper Post-Paper

Intensive: _____ Instructor: _____
Month/Date/Year

Reason for extension:

Suggested Completion Date: _____

I understand that if this request is granted, the extension will be in effect for this course only. **I also understand that late papers may possibly be read and graded by someone other than the course faculty. Make your selection below and submit form and fee to the Admissions Department.**

___ 1 month extension \$25; ___ 2 months extension \$50; ___ 3 months extension \$75

___ 4 months extension \$100

******PAPERS NOT COMPLETED WITHIN 6 MONTHS OF THE LAST DAY OF CLASS WILL RESULT IN "NO CREDIT" FOR THE COURSE.**

Student Signature: _____ Date: _____

Wisdom School of Graduate Studies, Ubiquity University OFFICIAL USE ONLY

University Authorization: _____ Date: _____

Payment Type/Date: _____ Amount: _____ Check# (If applicable): _____
Registrar Signature: _____ Extension Granted Until: _____