



ZION CHRISTIAN UNIVERSITY

REQUEST FOR SEMESTER EXTENSION

Student Information

Student ID _____ Student Name _____

Program _____ Date of Request _____

Extension Request

- Request must be made within 30 days after your semester completion date.
- Extensions are 3 months in length. A maximum of two (2) semester extensions are allowed per semester.
- \$25.00 per course for first semester extension
- \$50.00 per course for second semester extension

<i>Course ID</i>	<i>Course Name</i>	<i>Semester ID</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the original completion date for the above listed course(s)? _____

Is this your first semester extension request for the above listed course(s)? Yes No

Reason for request: _____

----- OFFICE USE ONLY -----

Approved Not Approved New Semester Completion Date: _____

Registrar Signature _____ "I" entered _____