



Continuing Education Grade Extension Request

Academic Partner Name		Learner's Edge	
Student Name			
Student Number (if known)		(or) SSN#	
Course Number		CRN # (will be completed by Learner's Edge)	
Semester Enrolled			
Reason For Extension (attach additional documents if necessary):			
Date of Request:		Date by which I will complete work for this course:	
<p><i>You must submit requests for extensions prior to grade rolling to 'F'.</i></p> <p>By signing this form, I understand I am agreeing to complete and deliver all coursework to Learner's Edge by the date indicated above. If coursework is not completed by this date, an 'F' will remain on the official transcript.</p> <p>Once the deadline has passed, further extension requests will require additional documentation and will be reviewed by the St. Thomas Continuing Education Department on a case by case basis.</p>			
Student Signature		Date	
Academic Partner Signature		Date	
CE Program Approval			
Comments:			
CE Manager Signature		Date	