



Office of the Registrar
 4500 Massachusetts Avenue, NW • Washington, DC 20016
 PHONE 202-885-8650
 EMAIL registrar@wesleyseminary.edu

EXTENSION OF TIME REQUEST (Master's only)

Deliver completed form to the Dean's Office.

Name _____ Wesley ID _____

Address _____ Date of Birth

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 (mm/dd/yyyy)

_____ Campus Box _____

Email _____ Phone _____

I request an extension of time for completion of the following course:

Course Number _____ Course Title _____

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2	0		
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Semester _____ Academic Year _____ Instructor _____

Date requested for completion: _____

Reason(s): _____

Student Signature _____ Date _____

THIS SECTION TO BE COMPLETED AND SIGNED BY INSTRUCTOR

- _____ I support the request and date as stated.
- _____ I support the request with the following change of date: _____.
- _____ I do not support the request.

Instructor Signature _____ Date _____

THIS SECTION FOR DEAN'S OFFICE ONLY

- _____ Approved without change
- _____ Approved with modifications:
- _____ Denied due to:

Dean Signature _____ Date _____

COPY COMPLETED FORM TO: Instructor Registrar Student