



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 _____

Campus Box _____

Email _____

Phone _____

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

Course Number _____

Course Title

2	0		
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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