

**The G. Raymond Chang School of Continuing Education
Time Span Extension**

Instructions

Certificate Program Time Span Extension is applicable when requesting additional time beyond the normal six years. Time Span Extension Forms must be submitted to The Chang School for authorization. Fax number: 416.979.5277.

All Time Span Extension Forms must be authorized by the appropriate Chang School Program Director before being submitted to Student Records for processing.

Student Information

| | |
|--------------------------|---|
| Student ID number: _____ | Ontario Education Number (OEN) if known : _____ |
| Last Name: _____ | |
| First Name(s): _____ | |
| Home Phone: _____ | Business Phone: _____ |
| Certificate Name: _____ | |

Certificate Program Extension

| | |
|--|-------|
| Number of course(s) outstanding towards this Certificate Program: | _____ |
| Time required to complete the outstanding course(s): | _____ |
| <input type="checkbox"/> I understand that Certificate Program Extensions are subject to approval from the Program Director and are based on my academic record. | |
| _____ | _____ |
| Student Signature | Date |

Authorization

| | | | |
|----------------------------------|---------------------------------|-----------------------------|-------|
| PROGRAM DIRECTOR USE ONLY | | | |
| <input type="checkbox"/> Granted | <input type="checkbox"/> Denied | Term and Year of Extension: | _____ |
| | | Term | Year |
| Name: | _____ | Ext: | _____ |
| Signature: | _____ | Date: | _____ |