

Program Extension

Post-Secondary Extensions of Less Than Six Weeks

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278
Fax: 306-787-1608

File No.	For Office Use Only
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Student Information

(Please print)

Social Insurance Number: _____ Student No. (if applicable): _____

Last Name: _____ First Name: _____

TO BE COMPLETED BY SCHOOL OFFICIAL

School Information

School Name: _____ Educational Institution Code: _____

Address: _____

Program Information

Program Name: _____

Program Start and End Dates (**THIS PERIOD CANNOT EXCEED FIVE WEEKS**)

Original End Date (dd/mmm/yyyy): _____

Extension End Date (dd/mmm/yyyy): _____

Percentage of a course load this student will be taking: _____ %

Increased credits hours/units for the extension period: _____

Tuition, Fees, Books, and Supplies

Provide the TOTAL amount including the extension period.

Cost of Tuition and Compulsory Fees \$ _____ Cost of Books and Supplies \$ _____

Please notify the Ministry of Advanced Education, Student Service Centre promptly if any of this program information changes.

Signing Official's Name: _____

X _____
Signature of Signing Official

Title: _____

Date: _____

Phone Number: _____

Email: _____