

REQUEST FOR DOCTORAL PROGRAM EXTENSION

NOTE: This program extension form is for students registered from 2013 onwards. Students registered prior to 2013 should consult with Doctor of Ministry Director.

Section 1 – To be completed by the STUDENT	
Name	Student Number
College	U of T email
□EM □KN □RG □SM □TR □WY	
Year of Admission to Program	Comprehensive Complete
	YesNo
This is a FIRST SECOND THIRD EXTRAORDINARY extension (choose one).	
REASONS FOR THE REQUEST: (Use the following space or submit a separate letter. All information will be treated confidentially.) Medical or disability related circumstances shall be accompanied by a health or disability related certificate from an appropriate professional. For other circumstances, provide a statement of the reasons for the delay. An additional sheet may be used.	
Student's Signature	Date
Section 2 – To be completed by the COLLEGE ADVANCED DEGREE DIRECTOR A.D. Director's Name	
Request for program extension APPROVED DENIED	
Request for program extension APPROVED DENIED A statement detailing the reasons to approve or deny the program extension must accompany this request (along with a physician's certificate in the case of illnesses). Additional sheets may be appended to this form.	
College A.D. Director's Signature	Date
College A.D. Director's Signature Section 3 — To be completed by the DOCTOR OF M Request for program extension APPROVED DEN DMin Director's Signature	INISTRY DIRECTOR

Privacy Policy: Personal information is collected for the purpose of admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies.

At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act.