



# REQUEST FOR COURSEWORK EXTENSION

**First extension:** May be granted by the college Graduate Director.

**Subsequent extensions:** Requires the approval of both the college Graduate Director and the GCTS.

For first extensions, the Instructor and College Graduate Director must specify an extension period, which is not to run beyond the TST deadline for grade submission of the session following the session in which the course concluded. The TST deadlines for grade submission can be found on the TST website at <https://www.tst.edu/academic/key-academic-dates>. The deadline for requesting an initial extension is the deadline for the completion of coursework for the relevant session.

## Section 1 – Student Information (to be completed by the STUDENT)

|  |             |                 |
|--|-------------|-----------------|
| Last Name:   | First Name: | Student Number: |
| College:   |             | Program:        |
| This is a request for:<br><input type="checkbox"/> <b>FIRST</b> Extension (for one semester)<br><input type="checkbox"/> Extension <b>past the published TST grade submission deadlines (see above)*</b><br><input type="checkbox"/> <b>EXTRAORDINARY</b> Extension*<br>*Date current extension expires: _____   |             |                 |
| Please, provide a reason for the delay. Additional sheets may be appended.<br><i>Medical or disability related circumstances, which have delayed the completion of assignments, shall be accompanied by a health or disability related certificate from an appropriate professional. For time-limited medical conditions, please use the <a href="#">Verification of Illness form</a>.</i> |             |                 |

## Section 2 – Request for Extension to Complete Coursework (to be completed by the STUDENT)

| Course Code   | Course Name  | Session | Year | Instructor |
|---|--------------|---------|------|------------|
|   |              |         |      |            |
| Work remaining to be completed:   |              |         |      |            |
| Suggested deadline for coursework:  |              |         |      |            |
| <b>List other courses for which you currently have an extension.</b>                          |              |         |      |            |
| Course Code   | Course Name  | Session | Year | Instructor |
|   |              |         |      |            |
| <b>List other courses for which you are <i>applying</i> for an extension (if applicable).</b> |              |         |      |            |
| Course Code   | Course Title | Session | Year | Instructor |
|   |              |         |      |            |
| Student Signature:  |              |         |      | Date:      |

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

Your Personal Information will be protected at all times.

If you have questions please contact the TST Registrar, Toronto School of Theology, 47 Queen's Park Crescent East, Toronto, ON, M5S 2C3  
or call 416-978-4040.



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### Section 3 – To be completed by the INSTRUCTOR

|  |       |
|--|-------|
| Instructor's Name:   |       |
| Do you support the student's request to complete coursework (see section 1a)? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |
| If not, indicate rationale to deny the request or an earlier deadline for the extension to complete coursework:                        |       |
| Provide rationale, if recommending a non-standard extension to complete coursework (see section 4 below):                              |       |
| Instructor Signature:  | Date: |

### Section 4 – Approval (to be completed by the COLLEGE GRADUATE DIRECTOR)

See §7.9 in the MA and ThM Handbooks, §7.11 in the ThD/PhD Handbook or §7.2.7.1 of the General Degree Regulations of the Graduate Conjoint Degree Handbook. Legitimate reasons for an extension can be academic in nature (e.g., unexpected problems of research in a course) or non-academic (e.g., illness). In order to ensure as much uniformity and fairness as possible in the granting of extensions (or continuations of extensions), the relevant college Graduate Director must be reasonably certain that:

- the reasons for the delay are both serious and substantiated: the student must provide a statement detailing the reasons, together with a physician's letter in the case of illness;
- the student would not be granted an unfair academic advantage over fellow students in the course;
- the student would not be placing in jeopardy the normal and satisfactory completion of new coursework; and
- the student does have a reasonable chance of completing outstanding requirements within the time to be allotted.

The College Graduate Director completes **one** of the following and forwards the form to the student's registrar.

#### First Extensions:

|   |  |
|---|--|
| Please Indicate:  |  |
| <input type="checkbox"/> <b>Approved Deadline to Complete Coursework:</b> _____ | <input type="checkbox"/> <b>Declined</b> |
| College Graduate Director Signature:  | Date:                                    |

#### Subsequent Extensions:

|   |  |
|---|--|
| Please Indicate:  |  |
| <input type="checkbox"/> <b>Approved Deadline to Complete Coursework:</b> _____     | <input type="checkbox"/> <b>Declined</b> |
| Provide rationale, if recommending a non-standard extension to complete coursework: |  |
| College Graduate Director Signature:  | Date:                                    |

### Section 5 – Academic Record (to be completed by the College Registrar or GCTS Office)

|  |
|--|
| Was SDF added on ACORN/TST-SIS for <b>first</b> extension to complete coursework? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

### Section 6 – Subsequent Approval (to be completed by the GCTS)

|  |                 |       |
|--|-----------------|-------|
| Please circle one:<br><b>Approved / Declined</b> | GCTS Signature: | Date: |
|--|-----------------|-------|

|   |
|---|
| Office Use:<br>Distribution of form: <input type="checkbox"/> Student <input type="checkbox"/> Instructor <input type="checkbox"/> College Registrar <input type="checkbox"/> GCTS Office (if subsequent extension) |
|---|