

THE UNIVERSITY OF MANITOBA – FACULTY OF ARTS

STUDENT'S APPLICATION REQUESTING TIME TO COMPLETE TERM WORK

(A student must complete and submit this form to his/her instructor, normally in person,
PRIOR to the date specified in the calendar for the close of lectures in each term)

A. THIS SECTION TO BE COMPLETED BY THE STUDENT

NAME: _____ Student No.: _____ Your Faculty/School _____

ADDRESS: _____ Postal Code: _____ PHONE #: _____

CRN# _____ SUBJECT: _____ COURSE: _____ SECTION # _____

FALL TERM 20 _____ OR WINTER TERM 20 _____ OR SUMMER 20 _____

INSTRUCTOR'S NAME: _____

GIVE REASON FOR REQUESTING ADDITIONAL TIME: Medical () Other () Provide details:

(Use reverse side for additional space)

DATE SIGNED: _____ STUDENT'S SIGNATURE: _____

(A student may not assume that a Time Extension has been granted until they receive their copy of the UNIVERSITY TIME EXTENSION FORM approved by both the instructor and the Department Head. If additional time is granted, the student's copy of the University Time Extension Form will be sent to the above address. It is the student's responsibility to ascertain whether a Time Extension has been granted.)

Statement of Purpose: This personal information is being collected under the authority of the University of Manitoba Act and will be used to obtain the student's justification for requesting extra time, and to advise the instructor on procedure regarding the request for time extension. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the FIPPA Coordinator's Office (204) 474-8339, c/o Archives and Special Collections, 331 Dafoe Library, University of Manitoba, R3T 2N2.

B. INFORMATION FOR THE INSTRUCTOR TO USE IN FILLING OUT THE UNIVERSITY TIME EXTENSION FORM

1. If the instructor recommends that a Time Extension should be granted, he/she must complete a University Time Extension Form and submit it, along with the Student's Application Form, to the Department Head – NO LATER THAN 2 WORKING DAYS AFTER THE DATE SPECIFIED IN THE CALENDAR FOR CLOSE OF LECTURES IN EACH TERM.
2. In completing the University Time Extension Form, the instructor should ensure that:
 - a) all requested information is recorded.
 - b) the outstanding term work is clearly described, and
 - c) the date outstanding work is due does not exceed the appropriate maximum deadline date.

C. ADDITIONAL COMMENTS

If any:

DATE: _____ SIGNATURE OF INSTRUCTOR: _____