

# 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
----------	---------------------

### 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: \_\_\_\_\_