



# MESSENGER COLLEGE

## REQUEST FOR EXTENSION

Name \_\_\_\_\_ Date: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

I, \_\_\_\_\_ am requesting a two (2) week extension in my class, \_\_\_\_\_ with professor \_\_\_\_\_ for the following reason(s): \_\_\_\_\_”

**NOTICE:**

- Making a request does not automatically guarantee an extension.
- A \$20.00 administrative fee is to be paid\* before access to the above named course is reactivated for online students and/or before final grades are issues for all students.
- Extensions are limited to three (3) per class and the \$20.00 fee must be paid for each extension granted.
- Requests for extensions must be made and paid for no later than two days before the final day of class (or end of a previously-granted extension).
- The two week (14 day) extension begins when the request is approved, the fee paid, and the course reactivated.

\*The fee may be paid in person or by phone (417-624-7070 ext. 102 or ext. 156) using a debit/credit card (Visa or MasterCard only)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL IS REQUIRED FROM ALL THE FOLLOWING BEFORE EXTENSION IS GRANTED:**

Professor	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	_____
Business Office	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	_____
Academic Affairs	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	_____

Date approved/Extension begins: \_\_\_\_\_ Date Extension Ends: \_\_\_\_\_

CC: Finalized Request to: Financial Aid  
I.T.  
Student