



CAROLINA UNIVERSITY OF THEOLOGY

14654 Joplin Road
Manassas, VA 20112

Student Extension Request

Date submitted: [Type date here]

Notice provided to:

CAROLINA UNIVERSITY OF THEOLOGY

Student Name(s): [Type student name(s) here]

(Office Use only) Student ID

Number(s): [Type ID number(s) here]

Degree Program: [Type Degree program here]

Course(s) [Type Course(s) here]

Type of Extension request:

- Illness or health reasons Bereavement Other (see below)

Extension Request

from: [Type date here]

To: [Type date here]

Additional comments and/ or study plan:

Phone: [Type phone number here]

Mobile: [Type phone number here]

E-mail address: [Type e-mail address here]

Mailing address: [Type mailing address here]

[Type or Written Signature here]

[Type or sign date here]

Student signature

Date

(University only) Written Signature here

[Sign Date here]

Received by signature (Carolina University of Theology Administrator)

Date

(University only) Approval or Disapproval and Reasoning here

[Sign Date]

Reasoning:

Date

Equipping Men and Women for the Call of God