

**Time Span Extension**

**Instructions**

Chang School of Continuing Education students registered in a Certificate Program may request accommodation for additional time beyond the established time span.

Please email the completed form (Part 1 and Part 2) to [ceprogram@ryerson.ca](mailto:ceprogram@ryerson.ca) for review.

Time span extension decisions will be issued by The Chang School of Continuing Education to your Ryerson email address.

**Part 1. Student Information (To be Completed by Student)**

\_\_\_\_\_

Ryerson Student Number

\_\_\_\_\_

Ontario Education Number (OEN) (Optional)

\_\_\_\_\_

Last Name (PRINT)

\_\_\_\_\_

First Name(s) (PRINT)

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Business Phone

\_\_\_\_\_

Ryerson Email Address

**Part 2. Certificate Program Information (To be Completed by Student)**

\_\_\_\_\_

Certificate Name

I am requesting a Chang School of Continuing Education Certificate Program time span extension for the following reason (please include supporting documentation):

**Medical**     
  **Employment**     
  **Course Offering**     
  **Other**

Number of course(s) outstanding towards this Certificate Program: \_\_\_\_\_

Time required to complete the outstanding course(s): \_\_\_\_\_

I understand that Certificate Program time span extensions are subject to approval from the Program Director and are based on my academic record.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

**Part 3. Authorization (To be Completed by Program Director)**

**Is this student eligible for a Certificate Program time span extension?**

Please forward approved time span extension requests to Registrar's Office: Student Records.

**Yes**     
  **No**     
 **—————> Notify student of time span extension decision.**

Student is approved in a time span extension to the following term (inclusive): \_\_\_\_\_

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

Extension: \_\_\_\_\_

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

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

**Part 4. To be completed by Student Records**

**Extension Complete**      Initials: \_\_\_\_\_

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