



Columbia College Co-operative Education / Practicum Extension Form

Please read the agreement carefully and be sure this form is complete and the extension fee is paid at the time you submit this form to the Registrar's Office. Please be aware this form can only be used by students registered in the Business Management, Criminal Justice and Human Services programs.

Extension Agreement

1. By completing this form and paying the extension fee of **\$300.00**, the co-operative education/practicum services offered by Columbia College will be extended by 2 months from the last day of the student's final semester.
2. A 2-month extension can only be applied for one (1) time per program. Any further extension application will be reviewed on an individual basis.
3. If a student is registered in the Human Services Certificate program, the student's co-operative education/practicum for Certificate must be completed prior to entering the Diploma program.
4. If a student does not complete his/her practicum within the two month extension period, a final grade of "F" will be assigned for the outstanding practicum. To clear the course deficiency, the student will be required to complete a new co-operative education/practicum and pay the fees outlined in the Academic Calendar. Furthermore, no practicum hours accumulated from the first (1st) co-operative education/practicum placement may be transferred over.

Personal Information

Last Name	First Name
Student ID Number	Program

Practicum (check the practicum that you are requesting an extension for)

- | | |
|--|--|
| <input type="checkbox"/> HSPD 199 (Human Services Certificate) | <input type="checkbox"/> HSPD 299 (Human Services Diploma) |
| <input type="checkbox"/> CRIM 241 (Criminal Justice Diploma) | <input type="checkbox"/> MGMT231 (Business Mgmt. Diploma) |

Reason for Extension (explain below why you require an extension)

Fees

☐ Fees Waived

Initials:

Total Fees	Name of Cardholder	VISA/MasterCard#	Expiry Date (mm/yy)
\$	Payment received by other method: <input type="checkbox"/> Debit <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		

I have read and understand the Extension Agreement above.

Student's Signature

Signature	Date
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The personal information collected on this form has been collected for the sole purpose of processing your extension. The information is collected in accordance with the Columbia College privacy policy, as well as Alberta Personal Privacy legislation. If you have any questions about the collection or use of this information, please contact the Corporate Privacy Officer at (403) 235-9300. This form must be signed before we can process your request.