



College Credit Connection, LLC Course Time Extension Request

INSTRUCTIONS:

- 1. COMPLETE THE FOLLOWING FORM.**
- 2. REQUEST EXTENSION FROM CCC'S CHIEF ACADEMIC OFFICER.**
- 3. IF APPROVED, SUBMIT A \$25 PER UNIT EXTENSION FEE TO CCC.**

Printed or Typed Name _____

Student ID# or SS# _____

E-mail _____ Phone # _____

_____	_____
Course & Course Number	Date Enrolled in Course
_____	_____
Print Instructor's Name	Desired New Deadline Date to Complete Work (Not to exceed 30 days following the class deadline)

I am requesting a time extension to complete the work for the following reasons:

Extension Fee Enclosed: Number of units of course above: _____ x \$25.00 per unit = \$ _____

Student's
Signature _____ **Date** _____

CCC's CAO
Signature _____ **Date** _____

Students may request an extension to complete their coursework if they warrant additional time due to situations beyond their control (i.e., serious illness, accident, or death of a family member). However, CCC is under no obligation to grant an extension or offer make-up assignments. Requests for additional time to complete the course will be considered on a case-by-case basis by the Chief Academic Officer. An additional \$25 extension fee per unit will apply for each course extended. All requests and arrangements for extensions are made with the Chief Academic Officer and must be received at CCC no later than seven (7) days after the last course session or regular class deadline.

If an extension is approved, incomplete work for CCC students must be completed no later than thirty (30) days following the last class session or regular class deadline. No grade or credit will be issued to the student during this extended period until the work is completed. If the incomplete work is not completed within the prescribed period of time, the student will automatically receive the grade listed on the Extension Request form. Exceptions: Request for exceptions or extensions to the thirty (30) day limitation must be submitted in writing to the CCC Chief Academic Officer at Admin@CollegeCreditConnection.com.

CCC PAYMENT RECEIVED _____ CCC APPROVAL _____ DATE _____