



# Course Extension

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

\_\_\_\_\_  
(Name) (Address) (DC Student No. if known)

\_\_\_\_\_  
(City) (State) (Zip Code) (Telephone) (Email)

\_\_\_\_\_  
(Church/Agency if in field work) (Address) (Telephone)

\_\_\_\_\_  
(City) (State) (Zip Code) (Your Title)

PLEASE EXTEND THE FOLLOWING GUIDED INDEPENDENT STUDIES IN WHICH I AM ALREADY ENROLLED:

DL \_\_\_\_\_ Sem. Hrs.: \_\_\_\_\_ Ending date (if known) \_\_\_\_\_  
 DL \_\_\_\_\_ Sem. Hrs.: \_\_\_\_\_ Ending date (if known) \_\_\_\_\_  
 DL \_\_\_\_\_ Sem. Hrs.: \_\_\_\_\_ Ending date (if known) \_\_\_\_\_  
 DL \_\_\_\_\_ Sem. Hrs.: \_\_\_\_\_ Ending date (if known) \_\_\_\_\_

COST/PAYMENT PLAN, SIX MONTH EXTENSION:

Guided Independent Study Semester Hours \_\_\_\_\_ x \$30.00 per Sem. Hr. \$ \_\_\_\_\_  
 Total Charge: \$ \_\_\_\_\_

Payment by check # \_\_\_\_\_ enclosed \$ \_\_\_\_\_ OR:

Name on credit card: \_\_\_\_\_

Circle: VISA / MasterCard / Discover # \_\_\_\_\_ Expiration Date \_\_\_\_\_

COURSES YOU ARE TAKING CONCURRENTLY AT ANOTHER COLLEGE, UNIVERSITY OR SEMINARY:

Course # \_\_\_\_\_ Title \_\_\_\_\_ Qtr/Sem hours \_\_\_\_\_ School: \_\_\_\_\_  
 Course # \_\_\_\_\_ Title \_\_\_\_\_ Qtr/Sem hours \_\_\_\_\_ School: \_\_\_\_\_  
 Course # \_\_\_\_\_ Title \_\_\_\_\_ Qtr/Sem hours \_\_\_\_\_ School: \_\_\_\_\_  
 Course # \_\_\_\_\_ Title \_\_\_\_\_ Qtr/Sem hours \_\_\_\_\_ School: \_\_\_\_\_

Student \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (Signature)

Date \_\_\_\_\_ Coordinator \_\_\_\_\_ Registrar (initial copy): \_\_\_\_\_

Please send me more copies of this form

Please return to: Coordinator, DESIGN for LEADERSHIP, Defiance College, 701 N. Clinton St. Defiance, OH 43512