

Extension Fee Waiver Request



TRU-OL Enrolment Services
805 TRU Way,
Kamloops, BC V2C 0C8
truopen.ca | Fax: 250-852-6405
Email: student@tru.ca



GENERAL INFORMATION

In order to maximize student success, TRU-OL will grant course extensions for eligible courses. Students with exceptional extenuating circumstances, such as a long illness or personal emergency, may use this form to apply to have the course extension fee waived.

A fee-waived course extension can only be considered in the following circumstances:

- The extension request and appropriate documentation are received by TRU-OL before the course completion date.
- The student has demonstrated that they are unable to work on their course for longer than eight weeks.
- The circumstances are exceptional (postal or other delays will not be considered as justification for a fee waived extensions).
- The student has submitted a schedule and a plan describing how they plan to successfully complete the course.

Fee waiver requests are subject to TRU policy and deadlines. Refer to policy **ED 3-12, Course Extensions (Open Learning Courses Only)**.

Requests for extensions for courses delivered by SFU and UVic must be made to those institutions.

For questions about this policy or this form, contact Student Services via email at **student@tru.ca** or phone at 1.800.663.9711 (toll-free in Canada) or 250.852.7000 (Kamloops and International).

The information you provide on this form is collected under the Thompson Rivers University Act and the Freedom of Information and Protection of Privacy Act (BC) and will only be used to administer your request.

STUDENT PERSONAL DATA

(STUDENT TO COMPLETE)

TRU-OL STUDENT NUMBER

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SURNAME (legal)	
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FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)
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MAILING ADDRESS
MAILING ADDRESS (include buzzer code if applicable)
CITY / TOWN / VILLAGE

PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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HOME TELEPHONE NUMBER		SECONDARY TELEPHONE NUMBER	
AREA CODE	LOCAL	AREA CODE	LOCAL

EMAIL ADDRESS (print clearly)

REQUEST (STUDENT TO COMPLETE):

I REQUEST A FEE-WAIVED EXTENSION FOR THE FOLLOWING COURSE(S):

COURSE NUMBER	COURSE NAME
COURSE NUMBER	COURSE NAME
COURSE NUMBER	COURSE NAME
COURSE NUMBER	COURSE NAME
COURSE NUMBER	COURSE NAME

STUDENT'S CONSENT FOR SUBMISSION OF PHYSICIAN'S STATEMENT

I, _____,
have requested and consent to my physician collecting and submitting personal information to TRU-OL for the purposes of assessing my eligibility for special considerations.

STUDENT'S SIGNATURE	DATE

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Extension Fee Waiver Request CONTINUED



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NOTE: THIS SECTION MUST BE COMPLETED BY YOUR PHYSICIAN

PHYSICIAN'S STATEMENT (ATTENDING PHYSICIAN TO COMPLETE)

PHYSICIAN NAME (please print)

MAILING ADDRESS (include buzzer code if applicable)

MAILING ADDRESS

MAILING ADDRESS

CITY / TOWN / VILLAGE

PROVINCE / STATE

POSTAL CODE / ZIP CODE

COUNTRY

BUSINESS TELEPHONE NUMBER

AREA CODE LOCAL

ALTERNATE TELEPHONE NUMBER

AREA CODE LOCAL

EMAIL ADDRESS

DATE OF EXAMINATION/CONSULTATION ON WHICH THIS REPORT IS BASED

IN MY OPINION, THIS STUDENT HAS BEEN/WILL BE UNFIT TO PURSUE ACADEMIC STUDIES:

FROM (DATE) _____ TO (DATE) _____

RELEVANT INFORMATION (REQUIRED FIELD)

Please provide the general nature of the student's illness or condition and how or why it will prevent the student from completing the course requirements.

PHYSICIAN'S SIGNATURE	DATE
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