



DIRECTED STUDY EXTENSION REQUEST: EXTENSION #1

Student Name: _____ Date: _____
Class: _____ Class Date: _____
Directed Studies Due Date (Original): _____
Extended Directed Studies Due Date (Original plus 30 days): _____

I am unable to complete the assigned directed studies for the above class by the due date. I understand the following:

- This is my first extension, and each class is limited to two extensions.
- This extension is only for an additional 30 days.
- There is a \$100 fee due **with** this extension.
- My Directed Studies will not be submitted for grading until both the extension request and the fee have been received and processed by the Institute.
- If I cannot complete the Directed Studies within this 30-day extension period, I will apply for a second extension and an additional \$100 fee (using the appropriate form).
- Failure to submit the Directed Studies by the due date or an extension request within 7-days of the Directed Studies due date will result in placement on Academic Probation. I understand this could result in not being allowed to continue taking classes until the Directed Studies is completed.
- Failure to complete the Directed Studies within the two extension periods will result in taking the class again for an additional \$150 tuition fee. I understand that this may impact my final exam schedule and graduation date.

Student's Signature: _____

IN PERSON SUBMISSION: Directed Studies Extension Request Form and the extension fee are submitted either to the accountant at the Institute during regular business hours or to Herbs Etc during weekend hours. Payment can be cash, check, or credit/debit card.

REMOTE SUBMISSION: Directed Studies Extension Request Form is submitted by email to contact@naturopathicinstitute.org, and then call the accounts receivable office at 989-317-4787 to make extension fee payment over the phone. Payment can be by credit/debit card only.

OFFICE USE ONLY

Directed Extension Request Form:

Date Received: _____ Received by: _____ Logged by: _____

Extension Fee: \$100

Date Received: _____ Received by: _____ Logged by: _____

Form of Payment: _____