• 2559 E Euclid Ave • Des Moines, Iowa 50317 • Telephone: (515) 289-9200 • Fax: (515) 289-9201 • Email: inste@inste.org



Petition for Time Extension

In accordance with the policy for the duration of a course, if circumstances merit, an extension of up to **six months** (Certificate/Digital Course Program) or three months (Diploma/Adv. Certificate Program) will be granted upon request. The request must be made before the time expires for the course. A processing fee of \$25 per student must accompany the request for the extension. Additional extensions are not permitted.

Please submit this form for each student requesting an extension.

STUDENT INFORMATION				
Student's name:			Student's ID#:	
Phone:	Email:			
COURSE INFORMATION				
Course name:			Course ID#:	
Church ID#:	Group leader:			
Check the extension that you are requesting:				
☐ Six-month extension (Certificate/Digital Co	urse Program)			
☐ Three-month extension (Diploma/Adv. Cert	tificate Program)			
Expected end date for course:				
Briefly explain the circumstances that warrant the extension of this course:				
EXTENSION FEE AND PAYMENT INFO	RMATION			
	MWATION			
The extension fee is \$25 per student.				
□ Credit Card □ Money Order #	□ Check #			
□ Visa □ MasterCard Exp. Date/ CVS		Billing Address:		
Number:				
Print Name:			ure:	
Sent:		se Only voice#	Dated:	AMTŚ