

[University Name]

Dean's Office – Application Form

## APPLICATION FOR STUDENT ID EXTENSION

### Student Information

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Full Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Faculty / Program: \_\_\_\_\_

Current Expiration Date of Student ID: \_\_\_\_\_

Reason for Extension Request:

☐ Continuing Studies

☐ Academic Leave Return

☐ Other (please specify): \_\_\_\_\_

Requested New Expiration Date: \_\_\_\_\_

I declare that the information provided above is true and complete. I understand that providing false information may result in disciplinary action.

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

To be filled by the Dean's Office:

☐ Request Approved

☐ Request Denied

New Expiration Date (if approved): \_\_\_\_\_

Dean's Office Representative: \_\_\_\_\_

Date: \_\_\_\_\_ Signature/Stamp: \_\_\_\_\_