



# THOMAS EDISON STATE UNIVERSITY

Office of Military & Veteran Education

Phone: 866-446-1804

Fax: 609-984-7143

## Request for Course Extension

for Forward-Deployed Military Personnel

This form should only be used when requesting an *exception* to the 50 percent course work completion requirement or the payment of the required course extension fee due to qualifying military exceptions. **PLEASE NOTE:** if the extension is awarded, an option for withdrawal will no longer be available, as only one exception can be awarded per course. For this reason, please carefully weigh your options based on the circumstances before submitting this form.

### REQUIRED INFORMATION

First Name:  University ID:

Last Name:  Email Address:

### DOCUMENTATION *Indicate what documentation will be provided confirming your deployed status.*

Command Letter       Deployment Orders       (OCONUS) PCS Orders

Personnel Records       TAD/TDY Orders       Activation Orders

Other (please specify):

### COURSES

Course Number	Course Title	Term Enrolled	Admin Use Only E2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

If the following options are not working, please complete the requested information and submit this form to [militaryeducation@tesu.edu](mailto:militaryeducation@tesu.edu) or fax to the number above.

### OFFICIAL UNIVERSITY USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE.

Basis for exception recommendation (if applicable):

Case Number:

Staff Signature:

**Recommendation**

Extension

Fee Waiver

Date: