

**Application to Extend Student Teaching**

Please fill out this application and return it to the BSU Clinical Office. Requests must be due to illness (Dr note) or traumatic event (documentation of event requested. EX: Dr note, obituary, etc) to be considered. You will be notified of approval/denial within 5 business days.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BSU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number to reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the CT supportive of the extension? \_\_\_\_\_\_\_\_\_\_\_\_

University Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the US supportive of the extension? \_\_\_\_\_\_\_\_\_\_\_\_

What caused the need for an extension?

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Staple your documentation of the situation to this document.