



Cardozo School of Law  
Office of the Registrar

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New York, NY 10003-4391  
Tel: (212) 790-0295  
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**EXTENSION FOR COURSEWORK – APPLICATION**  
**(Please press firmly and write legibly)**

Name: \_\_\_\_\_ Student I.D #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Course: \_\_\_\_\_  
Number and Title Instructor Semester taken

Reason for Extension: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deadline for completion of course work: \_\_\_\_\_

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

Signature of Professor: \_\_\_\_\_ Date: \_\_\_\_\_

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**Do not write below this line**

Action by the Dean of Students:  
This extension is:

Approved until \_\_\_\_\_ (Any further extension must be approved by the Dean of Students prior to this date)

Comments: \_\_\_\_\_  
\_\_\_\_\_

Dean of Students' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

White copy-Registrar, Pink Copy – Dean of Students, Green Copy- Student, Yellow Copy - Professor