Today's Date:_____

Student Extension Application

Student Name: _____

Course Name: _____ Teacher Name: _____

Eligibility Questionnaire

	YES	NO
Does the student currently have at least 70% of the instructional units completed in the course?	◯	◯
Has the student been actively engaged and working in the course throughout?	◯	◯
Has the teacher of this student sent any drop warning notices and/or was the student dropped at any point in the term?	◯	◯
Will the student be able to complete the remaining coursework in under 3 weeks?		
Is this form submitted ahead of the extension application deadline (before the first day of final exams)?	◯	◯

Student Acknowledgement

I, _____, am requesting an extension in _____ for an additional ____ days. By submitting this application, I am committing to completing my work in this course by 11:59 PM on _____, and I understand that no additional work will be accepted after this date if my request is approved.

I am requesting the opportunity to complete the following during my extension:

_____

_____

- ☐ I understand that my teacher and/or the VirtualSC office may review my request and deny it and/or determine that fewer days than I requested can be approved.
- ☐ I understand that if I am granted an extension and I must use my time wisely and work in the course each day.
- ☐ I understand that if I am granted an extension, I must begin working in the course by the end of day 3, or I will forfeit my extension opportunity.
- ☐ I understand that if my exam needs to be taken before the end of my extension, I must schedule a time for proctoring with my sponsor school, and it must be completed before the extension deadline.

Student Extension Application

Signatures

**Students, parents/guardians and school counselors/school administrators may sign this application form electronically, but may not type in their name in lieu of a signature.*

Student Signature:_____ **Date:**_____

Student Email Address: _____

☐ As the parent/guardian of the student listed above, I, _____ have reviewed this extension application and agree to hold my student accountable to their commitment to the additional time granted in the course, if approved.

☐ I understand that my student's extension request may be monitored by a different teacher than their regular course teacher, and that if my student has any questions or concerns, they should contact the teacher monitoring the extension as soon as possible. I also acknowledge that VirtualSC faculty respond to student requests during their office hours within 24-48 hours.

Parent Signature: _____ **Date:** _____

Parent Email Address: _____

Parent Phone Number: _____

☐ As the School Counselor and/or School Administrator representing this student's sponsoring school, I have reviewed this extension application I am supportive of the request. I agree to uphold the VirtualSC Sponsorship Agreement as it relates to this request.

☐ I understand that this student may need to have their final exam proctored as part of this request, and I agree to help coordinate a date, time and location for this student's exam to be proctored before the extension deadline.

Admin or Counselor Signature:_____ **Date:** _____

Admin or Counselor Email Address: _____

Admin or Counselor Phone Number: _____

Following the completion of this application, the student's sponsoring school (school counselor or school administrator) should email the signed document to virtualsc@ed.sc.gov before the first day of final exams for the semester.