



Send all completed forms to the Person/Department Receiving the Report

Request for Extension

Program Name: \_\_\_\_\_

APC # & Code/5-Digit College #:

Report: \_\_\_\_\_

Report Deadline:

Estimated New Date of Completion:

Reason for Extension Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name and Title of Requester

Signature

Date

<b>ICCB Use Only</b>	Approved: _____ Denied: _____
_____ Printed Name and Title of Responsible ICCB Employee	
_____ Signature	_____ Date

**Provider Manual Section 12**

If for any reason a program cannot meet the submission deadline for a required report, the program must officially request in writing no later than 10 days prior to that deadline an extension outlining the reason for the request and providing an estimated time when the required report will be completed. (Use Request