LIBRARY PRIVILEGES EXTENSION REQUEST

This form is for requesting an extension of library privileges to complete academic coursework or dissertation research. To be eligible, students must meet the following criteria:

- Student is working on a dissertation or completing a practicum
- Student does not have any outstanding University holds
- Student has been granted an extension beyond registered classes for the completion of coursework by their department’s administration

Student Instructions:

1. Complete the student information section below.
2. Submit form to your department’s administration office for consideration.
3. Form must be reviewed and signed by one of the following campus officials: Department Dean, Associate Dean, Campus Director, Academic Advisor, or Chair.

By signing and submitting this form, the student assumes responsibility for the library materials borrowed, with the good faith understanding that items will be returned undamaged and on time. If items are returned late, lost or damaged, the student will be responsible to pay the appropriate fines/fees before the department will process the student’s degree completion or final grades.

Date: ______________ ID #: ______________

Email: ______________________@mail.brandman.edu

Name: ____________________________________ Signature: ____________________________________

Department Instructions:

1. Complete department information below.
2. Form must be completed and signed by one of the following campus officials: Department Dean, Associate Dean, Campus Director, Academic Advisor, or Chair.
3. Submit form by scanning and emailing to bulib@chapman.edu.

By completing and signing this form, the department is confirming that an extension to complete coursework has been granted and is requesting library use privileges for the student named above. The department is taking responsibility to hold the degree completion or final grades from the student until such time as the department verifies with the library that all items have been returned and any fines/fees have been paid in full at the conclusion of the extension period.

Department Name/School: ____________________________________________________________

Extension end date: ________________ (Not to exceed the end of the next session/term)

Name: ______________________________ Signature: ______________________________

(Printed name of campus program official) (Signature of campus program official)

Submitted extension requests will be reviewed by the Brandman Library Assistant. Please allow 2–3 business days for processing and response. A confirmation email will be sent upon approval.