



Center for Professional Development

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(559) 453-2015
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Extension Request Form

SS# _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Email _____

Course# _____ Course Title _____

Brief Reason for Extension _____

VISA Mastercard Discover American Express

Card# _____ Expiration Date _____

Fresno Pacific University believes in the healing power of Jesus Christ. CPD provides spiritual support through Rev. Dr. Karen Crozier. If you would like for us to forward your name to Rev. Dr. Crozier so that she may contact you for additional prayer/spiritual support, please check this box . All information will be kept confidential.

Print and mail or fax this form along with \$30 fee to: **Fresno Pacific University**
CPD, Box 2009
1717 S. Chestnut
Fresno CA 93702
Fax (559) 453-2006

Office Use Only

ID# _____ Course Deadline _____

Check# or Authorization# _____ Extended Deadline _____