ICCB
ILLINOIS COMMUNITY COLLEGE BOARD

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

ICCB Use Only 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