



**THE LIVING EARTH
ENVIRONMENTAL STUDIES SCHOOL
APPLICATION FOR EXTENSION**
(Please print clearly)

Name of Applicant _____
(Please type or print, giving same name as on last certificate)

Street or P.O. Box _____

_____ City State Zip Code

Phone _____ E-mail _____

Name of Applicant's Garden Club _____

Name of State Garden Club _____

Status: **Student** Request extension prior to the expiration of five-year period for completion of courses.

Course(s) needed: Course I Course II Course III Course IV

Reason for extension _____

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Status: **Consultant** Request extension prior to the expiration of five-year period for completion of courses.

Date of Certificate _____

Reason for extension _____

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Approved by _____ Date _____
State ESS Chairman

Approved by _____ Date _____
NGC, Inc. ESS Accrediting Chairman