



## COURSE EXTENSION REQUEST

### PRINT OR TYPE THE REQUESTED INFORMATION

<b>UT EID:</b>				<b>Date of Birth:</b> /     /	
<b>Name:</b>					Is this a new street address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last	First	M.I.	Maiden		
<b>Address:</b>				<b>E-mail:</b>	
Street			Apt. #		
				<b>Phone:</b> (     )	
City		State		ZIP	

### FOUR MONTH EXTENSION

**Non-Refundable Fee:** \$200.00 per course for a **one-time** four month extension beyond the original five month enrollment period. Request **must** be received during the initial five-month enrollment period.

**I am requesting an extension in the following course(s):**

_____	_____
Course Prefix & Number	Course Title
_____	_____
Course Prefix & Number	Course Title
_____	_____
Course Prefix & Number	Course Title

\_\_\_\_\_ x \$200.00 = \$  
 (Number of four month extensions)

### ONE MONTH EXTENSION

**Non-Refundable Fee:** \$75.00 per course for a **one-time** one month extension beyond the original five month period. 80% of your coursework **must be** completed, including any and all midterms graded. Your extension request **must** be received during the initial five month enrollment period

**I am requesting an extension in the following course(s):**

_____	_____
Course Prefix & Number	Course Title
_____	_____
Course Prefix & Number	Course Title
_____	_____
Course Prefix & Number	Course Title

\_\_\_\_\_ x \$75.00 = \$  
 (Number of one month extensions)

### METHOD OF PAYMENT

**Credit Card:**     Discover     MasterCard     Visa

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Check/Money Order** (Do Not Send Cash)  
 Make payable to The University of Texas at Austin

For all checks, please provide:

Driver's License No. of person signing check     State

**Cash** (Do Not Send Cash By Mail)

### CONTACT INFORMATION

**Mail:**  
 University Extension  
 P.O. Box 7637  
 Austin, TX 78713-7637

**Drop off:**  
 University Extension  
 Lake Austin Centre  
 3001 Lake Austin Blvd,  
 Suite 1.314  
 Austin, TX 78703

**E-mail:** Scan and send as an  
 e-mail to [uex@austin.utexas.edu](mailto:uex@austin.utexas.edu)  
 Be sure to include "Request for  
 Extension" in the Subject Line.

**Fax:** (512) 471-2905

**Web:** [www.utexas.edu/ce/uex](http://www.utexas.edu/ce/uex)