



COURSE EXTENSION REQUEST

PRINT OR TYPE THE REQUESTED INFORMATION

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

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. Request **must** be received before your course expires.

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
Development Office Bldg.
2901 North IH-35
Suite 2.200
Austin, TX 78722

E-mail: Scan and send as an
e-mail to 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