



COURSE EXTENSION/REINSTATEMENT REQUEST

PRINT OR TYPE THE REQUESTED INFORMATION

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

EXTENSION

Non-Refundable Fee: \$75.00 per course for a three-month extension beyond the original nine-month enrollment period. (Request MUST be received during the initial nine-month enrollment period.)

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

Course Prefix & Number Course Title

Course Prefix & Number Course Title

_____ x \$75.00 = \$
(Number of Extensions)

REINSTATEMENT AND EXTENSION

Non-Refundable Fee: \$120.00 per course for reinstatement and a three-month extension beyond the original nine-month enrollment period (Request for reinstatement MUST arrive at the University Extension office within 30 days after expiration of original enrollment.)

I am requesting a reinstatement and an extension in the following course(s):

Course Prefix & Number Course Title

Course Prefix & Number Course Title

_____ x \$120.00 = \$
(Number of Reinstatements/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
UT at Austin
P.O. Box 7637
Austin, TX 78713-7637

Drop off: University Extension
Lake Austin Centre
3001 Lake Austin Blvd.
Austin, Texas 78703

Fax: (512) 471-2905
E-Mail: uex@www.utexas.edu
Web: www.utexas.edu/ce/uex/

DO NOT ENCLOSE WITH LESSONS/ASSIGNMENTS.