



Online Course Extension Request Form

University of the Virgin Islands **UVICELL**

Please read the instructions on the first page carefully before completing this form.

Student Information

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone Number: _____ E-mail Address: _____

Preferred Length of Extension (Please note: Cost of extension varies based on enrolled program):

1 Month 3 Months 6 Months 1 Year

Student Signature: _____ Date: _____

Course Information

Course Title: _____

Start Date: _____ Expected Date of Completion: _____

DOL Verification *Section to be completed by DOL counselor (if applicable)*

If receiving financial assistance from the DOL, this section must be completed by the DOL Counselor. Students must have completed at least 50% of their coursework for an extension to be granted.

- I certify that the DOL has sufficient funds to pay for the course extension and authorize the UVICELL Center to charge the DOL for the Extension fee.
- No funding available; Student must cover cost of extension

Print Name: _____ Date: _____

Signature: _____

Submission and Payment Information

Payment Method:

Check (No. _____)

Money Order DOL Voucher Cash

Credit Card (circle one)

Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

For Office Use Only

Extension Term:

1 Month 3 Months 6 Months 1 Year

Previous Invoice Number: _____ Extension Fee: _____

Original Course Price: _____