Online Course Extension Request 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  Master Card  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: _____________________________

REVISED August 2013