

Extension Request

Please print, fill out, and send in this form along with your payment if you need an extension on your course expiration date.

Students enrolled in College Credit Courses may request a four month extension of their enrollment. The request must be made in writing prior to the expiration date. Failure to apply for an extension before the date will necessitate a re-enrollment and payment of full tuition fees. **The fee for an extension is \$50 per course.** Checks must be made payable to the University of Kentucky. There will be no partial course extension and **only one extension is permitted.**

Mail this form to the Independent Study, University of Kentucky, 10 Funkhouser Building, Lexington, KY 40506-0054.

Please Print or Type

I request that my enrollment in _____ be extended for four months. I accept the conditions for enrollment extensions and am enclosing my extension fee in the amount of \$50.00.

Enrollment Number _____ Social Security Number _____

Name (First, MI, Last,) _____

Address _____

City _____ State _____ Zip Code _____

Enclosed is a check or money order payable to the University of Kentucky for \$_____