



SAM HOUSTON STATE UNIVERSITY

A Member of The Texas University System

EXTENSION REQUEST



Mail completed form to:
Sam Houston State University
Correspondence Course Division
Box 2536
Huntsville, TX 77341-2536



FAX completed form to:
936.294.3703

Students have one year from the date of enrollment to complete a correspondence course. If you do not anticipate completing your course within that year, you may obtain one six-month extension. Only one six-month extension is allowed for a \$25.00 fee. You must extend your course(s) **BEFORE** your expiration date. Official communication from our office is sent to you via e-mail. Periodically check it for information from our office.

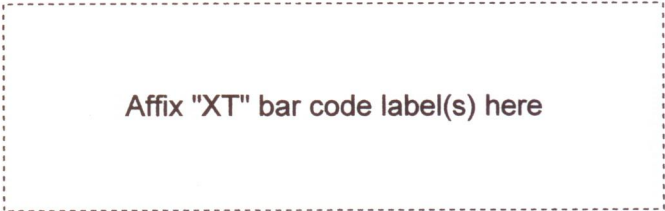
Please print in ink or type:

Name (Last First, MI):	SHSU Student ID Number:	
Address:		
City:	State:	ZIP:
Phone:	E-mail:	
Course Prefix and Number (Ex: FCS 369):	Course Prefix and Number (Ex: FCS 369):	

Extension Fee: \$25.00

Number of Courses: _____

Total Cost: \$ _____



Method of Payment			
<input type="checkbox"/> Check	Make check/money order payable to: <i>Sam Houston State University</i>		
<input type="checkbox"/> Money Order			
<input type="checkbox"/> VISA	Card Number:	V Code (last 3 digits on back of card):	Exp. Date:
<input type="checkbox"/> MasterCard			

Office Use Only	
Extension Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Course Expiration Date: _____