



## EXTENSION REQUEST FOR AN iSTUDY COURSE

Please complete the information below. This extension will add an additional 3 months to the end of your current course expiration date. You will receive a confirmation letter with your new date within a week.

**Submit one form for each extension.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name (please print) Date

\_\_\_\_\_  
 Signature Student Number

\_\_\_\_\_  
 Mailing address City / State / Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Course Number or Title Ext 1 or Ext 2 ( ) Daytime telephone E-mail address

### Payment Information:

The cost of each three (3) month extension is \$150. Please indicate your method of payment below.

- Check or money order, payable to the *University of Mississippi*. Include with application.
- Bursar charge (UM students only)
- VISA     Mastercard

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Card # Exp. Date Cardholder (printed name) Cardholder signature

### Application Submission Information:

- **In Person:** deliver to our office in 217 Yerby Center.
- **By Email:** scan then email form to our office at [indstudy@olemiss.edu](mailto:indstudy@olemiss.edu)
- **By Fax:** fax the form to 662-915-8826
- **By Mail:** mail to iStudy, P. O. Box 729, University, MS 38677

### FOR OFFICE USE ONLY

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date application received

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of enrollment

\_\_\_\_\_  
 Method of Payment

\$\_\_\_\_\_  
 Amount Received

\_\_\_\_\_  
 CC or Bursar Receipt Number

Ext 1 or Ext 2

_____ No Bursar/Bursar Hold
_____ Request Approved
_____ Entered in FMP
_____ Date Letter Mailed
_____ New Expiration Date