

# EXTENSION FORM FOR ILLINOIS COURSES ONLINE

Academic Outreach, Office of Continuing Education, University of Illinois at Urbana-Champaign  
901 West University Avenue, Urbana, IL 61801-2777  
217-333-1320 or 800-252-1360 | Fax 217-333-8524  
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**I L L I N O I S**  
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

September 2009

**Applicant MUST fill out this form completely. Please print all entries legibly in ink.**

1. Full Legal Name \_\_\_\_\_  
Last/Family Name First Name Middle Initial Maiden Name/Previous Last Name

2. Current Mailing Address \_\_\_\_\_  
Number and Street City/Town

State/Province Zip/Postal Code Country

Current Phone Number \_\_\_\_\_

3. E-mail Address \_\_\_\_\_

**ALL ILLINOIS COURSES ONLINE (ICON) STUDENTS ARE ALLOWED ONE (1) THREE-MONTH (3-MONTH) EXTENSION. THE \$100 PER COURSE EXTENSION FEE MUST BE PAID AT LEAST SEVEN (7) BUSINESS DAYS BEFORE THE COURSE EXPIRATION DATE.**

**Please print out this form and submit it along with your extension payment.**

**All checks should be made payable to: "University of Illinois at Urbana-Champaign"**

\_\_\_\_\_ One (1) paid three-month (3-month) extension fee.

For the following course(s):

Subject	Course Number
Example: BTW	250A

Student's Signature \_\_\_\_\_  
Signature Date

**SUBMIT YOUR COMPLETED FORM IN ANY OF THE FOLLOWING WAYS:**

**FAX TO: 217-333-8524**

**E-MAIL: ICON-INFO@ILLINOIS.EDU**

**MAIL: Illinois Courses Online, Office of Continuing Education, 901 West University Avenue, Urbana, IL 61801-2777**

NRE \_\_\_\_\_ RE \_\_\_\_\_ AMT \_\_\_\_\_ TYPE \_\_\_\_\_ NO. \_\_\_\_\_