



# LOUISIANA HIGH SCHOOL CORRESPONDENCE COURSES, LLC

## Request for Extension (Up to three courses)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

Course Name			
Course Number			

I have included an extension fee of \$55.00 per course I wish to extend, for a total of \$\_\_\_\_\_.

I understand that this extension gives me three additional months from my original expiration date.

I understand that a course may be extended a maximum of two times. If the course is not completed by the second extended date, I will be dropped from the program and will have to re-enroll if I choose to complete this course.

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

\_\_\_\_\_  
Parent Signature

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[www.LHSCC.org](http://www.LHSCC.org)