

Petition to Extend

Purpose: To extend your UCEAP participation if you did not previously submit an approved Departmental/College Preliminary Approval to Extend (DPA) form prior to the Program Start Date. Approval for all programs is contingent upon space availability, fulfillment of financial obligation, and satisfactory academic and behavioral standing.

Notes: Host universities may have earlier deadlines. If you submitted a letter from your campus Office for Students with Disabilities for your first program, you must submit another letter for the second program.

Instructions:

1. Review the [full listing of extension options](#).
2. Submit this form to the Study Center. Attach a statement describing your academic purpose for extending. A proposed program of study is required on this form. Once approved by the Study Center, the form is submitted to the UCEAP Systemwide Office and your campus for final approval.
3. Deadlines are:

Fall to Year: November 1	Spring to Fall or Year (Northern Hemisphere): June 1	Summer to Fall: July 1
Spring to Summer: April 1	Spring to Fall or Year (Southern Hemisphere): May 1	

TO BE COMPLETED BY STUDENT

Name _____ Date _____ UC Student ID _____

Host Institution _____ Home UC Campus _____

Your Major Department(s) _____

Campus Departmental Advisor name and email address (if known) _____

Academic Section - List the courses in which you are enrolled for your current term abroad. Use the Host University course titles.

Course Title

Academic Planning Section - List the courses you intend to take during the extension term(s). Use the Host University course titles.

Course Title

Indicate the number of quarter units you expect to complete during the extension: _____

If I retract my approved extension request after the withdrawal deadline for the term I am extending to, I am responsible for paying the \$500 UCEAP withdrawal fee and any non-recoverable costs. If I retract my extension request, I must immediately notify the UCEAP Systemwide Office and the Study Center in writing.

Signature of Student: _____ **Date:** _____

TO BE COMPLETED BY STUDY CENTER

Student is extending from _____ to _____
Current program/term Requested program/term

Indicate the number of quarter units completed or in which the student is enrolled while abroad:

Pre-ILP (if applicable): _____

ILP (if applicable): _____

First Quarter/Semester: _____

For programs longer than a quarter or semester, indicate units for:

Second Quarter/Semester: _____

Third Quarter (if applicable): _____

IPS-A Use
Projected total units for EAP
with extension: _____

To my knowledge, the student is in good academic and behavioral standing (full-time course load and attending classes).

I Recommend Approval: **Yes** _____ **No** _____ **Comments:**

Study Center Director (print)

Signature Date

CAMPUS MAJOR DEPARTMENTAL/COLLEGE OR BOARD CHAIR

Recommend Approval _____ Do Not Recommend Approval _____

Comments and/or conditions:

Department/Board Chair (print)

Signature Date

CAMPUS COLLEGE DEAN/PROVOST

Recommend Approval _____ Do Not Recommend Approval _____

Comments and/or conditions:

College Dean/Provost (print)

Signature Date

ROUTING: STAFF INITIAL AND DATE EACH STEP AS COMPLETED

_____ 1. Operations: forward only if approved by SC

_____ 2. Academics: update units, grades and SLs

_____ 3. UCEAP Finance: review financial standing

_____ 4. Operations: send to Campus Study Abroad Office

_____ 5. Major Department: sign and return to Campus Study Abroad Office

_____ 6. Dean/Provost: sign and return to Campus Study Abroad Office

_____ 7. Campus Study Abroad Office: return to Operations

_____ 8. Operations: Notify final decision to Student, Academics, Program Advisor, UCEAP Finance, UCEAP Insurance Liaison, Campus Study Abroad Office, Study Center, and place copy in Student File

Final Action: Approved Denied

Addendum

**TO BE COMPLETED BY THE UCEAP STUDY CENTER OR ACADEMIC LIAISON
IN CONSULTATION WITH THE STUDENT**

Name: _____

Partner Institution: _____ Campus: _____

Please indicate whether or not the extending student will participate in the following study center activities.

1. Normally scheduled arrival and orientation activities. Check one:

Will participate _____ Will not participate _____ Not applicable _____

2. Intensive Language Program (if appropriate). Check one:

Will participate _____ Will not participate _____ Not applicable _____

3. Room and meals during the ILP (only if required to pay that cost to the UC Education Abroad Program). Check one:

Will participate _____ Will not participate _____ Not applicable _____

4. Excursions and/or field trips specific to the Orientation and ILP. Check one:

Will participate _____ Will not participate _____ Not applicable _____

5. Comments:

Student's Signature

Date

Approved: Study Center Director Signature

Date

**STUDY CENTER: IF THIS INFORMATION CHANGES IN ANY WAY, PLEASE NOTIFY UCEAP
IMMEDIATELY. A FEE ADJUSTMENT MAY BE NECESSARY.**