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

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**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.

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<th>Course Title</th>
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**Academic Planning Section** - List the courses you intend to take during the extension term(s). Use the Host University course titles.

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<th>Course Title</th>
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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): ______________

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.