

Departmental/College Preliminary Approval to Extend (DPA)

Purpose: Certain programs offer the option to extend your participation. View the [full listing of extension options](#). If you are considering extending, you are encouraged to submit this form. This form does not commit you to an extension and it does not guarantee final approval. By obtaining pre-departure approval from your academic department, the extension process will be much easier once you are abroad.

If you are not considering the option to extend, you do not need to complete this form.

Instructions

1. If you check **Yes** below, this form must be approved and signed by your Advisor(s) indicating it is all right for you to remain away from your department for another term.
2. If you are considering more than one extension option, a separate DPA form for each option is required.
3. This is a preliminary form only; submission does not guarantee extension. Extensions will be considered only if space is available after placement of new qualified applicants for the same program. Once abroad, contact the Study Center to finalize your extension. You will need to complete the Request for Final Approval to Extend (RFA) and submit it to the Study Center.
4. To complete the extension process, you must obtain final approval from your Study Center and UCEAP. 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

NAME

COUNTRY/PROGRAM

UC CAMPUS

DEPARTMENT/MAJOR

___ **YES**, I am interested in extending from _____ to _____
ENTER EXTENSION EXACTLY AS LISTED ON THE APPLICATION INSTRUCTION CHECKLIST (*DO NOT CREATE OPTIONS*)

Academic Planning Section - Please list courses for extension term(s). List the Host University course titles. If these are unavailable, use a descriptive title (e.g. 18th century British Literature, History of Japan from 1900-present, Modern Chilean Politics, etc.).

Course Title	UC Department Comments

I understand I must enroll in the minimum number of units for my program or more.

I understand I must fulfill my UC campus residency requirement, and I will work with a College Advisor to determine the number of additional units I must complete in residence at my UC campus.

I understand I must meet the program requirements prior to departure and may not use my original EAP term to enhance my GPA.

Signature of Student (required): _____ **Date:** _____

UC Departmental/College Approval <i>Required ONLY if Yes is checked above.</i>		
_____ SIGNATURE OF DEPARTMENTAL ADVISOR	_____ PRINT NAME OF DEPARTMENTAL ADVISOR	Date: _____
_____ SIGNATURE OF COLLEGE ADVISOR (all campuses except UCD, UCI & UCSB)	_____ PRINT NAME OF COLLEGE ADVISOR	Date: _____