

## 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. 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.

2. Deadlines are:

<b>Fall to Year:</b> November 1	<b>Spring to Fall or Year (Northern Hemisphere):</b> June 1	<b>Summer to Fall:</b> July 1
<b>Spring to Summer:</b> April 1	<b>Spring to Fall or Year (Southern Hemisphere):</b> 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 EAP Office

\_\_\_\_\_ 5. Major Department: sign and return to Campus EAP Office

\_\_\_\_\_ 6. Dean/Provost: sign and return to Campus EAP Office

\_\_\_\_\_ 7. Campus EAP Office: return to Operations

\_\_\_\_\_ 8. Operations: Notify final decision to Student, Academics, Program Advisor, UCEAP Finance, Campus EAP 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:

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\_\_\_\_\_  
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.**