



2009-2010 Petition to Extend

Purpose: This form should be used when a Departmental/College Pre-Approval to Extend (DPA) form was not submitted before departure, and in the following cases: **1)** to extend same program to the following academic year; **2)** to extend same program within same academic year; **3)** to extend to a different program in same country within same academic year; or **4)** in exceptional cases.

Approval for all programs is contingent upon space availability, fulfillment of financial obligation, and satisfactory academic and behavioral standing. Host universities may have earlier deadlines. EAP Scholarships for second-time participants are subject to review due to limitation of funds.

Instructions: Complete the form; attach a statement describing your academic purpose for extending along with a detailed proposed program of study. Submit both to the Study Center for approval. Once approved, the form should be submitted to UOEAP by the applicable deadline listed below.

STUDENT PETITION FOR EXTENSION

Name _____ Date _____ UC Student ID _____

Host Institution _____ Home UC Campus _____ Your Major Dept. _____

Check the box appropriate for the program you wish to attend:

- Summer
- Fall Term
- Spring Term
- Year Program

Check one:	<input type="checkbox"/> Extend to <i>following academic year</i> <u>UO DEADLINES</u> N. Hemisphere: May 1 S. Hemisphere: Oct. 1	<input type="checkbox"/> Extend within the <i>same academic year</i> <u>UO DEADLINES</u> N. Hemisphere/Fall to Year: Nov. 1 S. Hemisphere/Spring to Year: May 1	<input type="checkbox"/> Extend <i>summer to fall</i> <u>UO DEADLINE</u> July 1
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Indicate the number of quarter units you expect to complete during the extension: _____

I understand that I am responsible for paying a \$300 withdrawal fee and non-recoverable costs if I retract my extension request. Refer to the Student Agreement for additional information. If I decide to retract my extension request, I must immediately notify the Universitywide EAP Office and the Study Center in writing.

Student Signature

Date

STUDY CENTER APPROVAL OF PETITION

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 during first year/semester/quarter 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 your knowledge, is the student in good academic and **behavioral** standing (full-time course load and attending classes)?

Recommend Approval _____ **Do Not Recommend Approval** _____

Comments:

Study Center Director (print or type)

Signature _____ Date

**CAMPUS
MAJOR DEPARTMENTAL/COLLEGE OR BOARD CHAIR**

Recommend Approval _____ Do Not Recommend Approval _____
Comments and/or conditions:

Department/Board Chair (print or type) Signature Date

**CAMPUS
COLLEGE DEAN/PROVOST**

Recommend Approval _____ Do Not Recommend Approval _____
Comments and/or conditions:

College Dean/Provost (print or type) Signature Date

**FOR UOEAP USE
ROUTING OF ORIGINAL: INITIAL AND DATE EACH STEP AS COMPLETED**

- | | |
|--|---|
| _____ 1. Operations: forward only if preliminary recommendation approved | _____ 7. Dean/Provost: sign and return to Campus EAP Office |
| _____ 2. Academics: update units, grades and SLs | _____ 8. Campus EAP Office: return to Operations |
| _____ 3. Student Finance: review financial standing | _____ 9. Operations: Notify final decision to Academics, Student Finance, Campus EAP Office, Study Center, and place copy in Student File |
| _____ 4. Operations: send to Campus EAP Office | |
| _____ 5. Major Department: sign and return to Campus EAP Office | Final Action: Approved <input type="checkbox"/> Denied <input type="checkbox"/> |



Addendum

To be completed by the EAP 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 _____

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

Will participate _____ Will not participate _____

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

Will participate _____ Will not participate _____

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

Will participate _____ Will not participate _____

5. Comments:

Student's Signature

Date

Approved: Study Center Director Signature

Date

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