

## Request for Final Approval to Extend (RFA)

**Purpose:** This form finalizes the Departmental/College Preliminary Approval to Extend (DPA) form. If you submitted an approved DPA form prior to the Program Start Date, use this form to confirm your extension request. If you did not submit an approved DPA prior to the Program Start Date, submit a Petition to Extend to initiate your extension request.

**Notes:** Host universities may have earlier deadlines. UCEAP scholarships for second-time participants are subject to review due to limitation of funds. 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. Confirm with the Study Center staff that you submitted an approved DPA prior to departure.
2. Submit this form to the Study Center for approval. 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	
3. The Study Center will submit the RFA to UCEAP for final review and approval.

**STUDENT CONFIRMATION OF EXTENSION**

NAME	COUNTRY/PROGRAM
UC CAMPUS	DEPARTMENT/MAJOR

**YES**, I would like to extend my participation:  
 from \_\_\_\_\_ to \_\_\_\_\_  
THIS EXTENSION OPTION SHOULD MATCH THE EXTENSION OPTION LISTED ON THE APPROVED DPA (*DO NOT CREATE OPTIONS*)

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:** \_\_\_\_\_

**STUDY CENTER APPROVAL OF EXTENSION**

Performance Evaluation to date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extension Approved:  Yes  No

**Signature of Study Center Director or Liaison Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For UCEAP Systemwide Office use:**

\_\_\_\_\_ Operations

\_\_\_\_\_ UCEAP Finance

\_\_\_\_\_ Update *MyEAP*

\_\_\_\_\_ Notify Student, Academic Specialist, Program Advisor, Campus EAP Office, UCEAP Finance, Study Center

Final Action: Approved / Denied Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## **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 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.**