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:
   - **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

**TO BE COMPLETED BY STUDENT**

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<tr>
<th>Name ______________________________</th>
<th>Date_________</th>
<th>UC Student ID________________________</th>
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<tr>
<td>Host Institution ___________________</td>
<td>Home UC Campus __________________________________</td>
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<td>Your Major Department(s) ___________</td>
<td>______________________</td>
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<td>Campus Departmental Advisor name and email address (if known) ______________________</td>
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**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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**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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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 ___________________________

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 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:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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.