



UNIVERSITYWIDE OFFICE of the EDUCATION ABROAD PROGRAM (UOEAP)  
**2009-2010 Departmental and College  
 Pre-Approval to Extend (DPA)**

**Purpose:** Certain programs have the option to extend beyond the term(s) in which you are originally enrolled. If you are seriously considering an extension option, you are encouraged to check **Yes**. Completing this form does not commit you to extend. By obtaining pre-departure approval from your academic department, the extension process will be much easier once you are abroad.

**Instructions: This form must be filled out and signed as part of the EAP application, whether or not you choose to extend your program.**

1. If you check **Yes** below, this form must be approved and signed by your Advisor(s).
2. If you are considering more than one extension option, a separate DPA form for each option is required.
3. Submission of this form does not guarantee extension. Extensions will be considered only if space is available after placement of new qualified applicants for the same program.
4. To complete the extension process, you must obtain approval from your Study Center and the Universitywide Office of EAP. 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 \_\_\_\_\_

Check **ONE** of the following:

\_\_\_\_\_ **YES**, I am considering the following extension option:

\_\_\_\_\_ 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. 18<sup>th</sup> century British Literature, History of Japan from 1900-present, Modern Chilean Politics, etc.).

Course Title	UC Department Comments

I understand I must enroll in at least the minimum number of units for my program.

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.

\_\_\_\_\_ **NO**, I choose not to extend.

\_\_\_\_\_ **NO**, my department/major will not permit me to extend.

**Signature of Student (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>UC Department and College Approval</b> <i>Required ONLY if Yes is checked above.</i>		
_____	_____	Date: _____
SIGNATURE OF DEPARTMENTAL ADVISOR	PRINT NAME OF DEPARTMENTAL ADVISOR	
_____	_____	Date: _____
SIGNATURE OF COLLEGE ADVISOR (UCB, UCR, UCSD, UCSC only)	PRINT NAME OF COLLEGE ADVISOR	