INTENT TO EXTEND

I, _____, am requesting an extension of my program in
FULL NAME

_____. Originally I planned to study abroad during
CITY / COUNTRY

the _____ semester of _____. I would now like to extend this to include
FALL/SPRING/SUMMER YEAR

the _____ semester(s) of _____.
FALL/SPRING/SUMMER YEAR

In signing this form, I am agreeing to adhere to the same responsibilities and regulations

as set forth in the following documents signed by me for my original program plan:

- Student Code of Conduct
- Authorization to Release form.

I also agree to submit a new Financial Planning form.

_____ _____
SIGNATURE DATE

_____
PRINTED NAME

_____
PROGRAM (USAC or DIRECT EXCHANGE)

- Please fax this form over to us with *"ATTN: Tasha Dev or Michael Nieto – Study Abroad"* on the cover page to make sure they get to us.

- Our fax number from abroad is 001-530-898-6889.