

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:

- Program Agreement

I also agree to submit a new Financial Planning form.

SIGNATURE

DATE

PRINTED NAME

PROGRAM (DIRECT EXCHANGE, AIFS, or USAC)

Please fax this form with *“ATTN: Study Abroad”* on the cover page

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