



Notification of Extension of Off Campus Study

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Email: isp@hiu.edu

I am submitting this form to the Study Abroad Coordinator to inform Hope International University of my intentions to extend my off campus study program. Additionally, I acknowledge that I must also resolve the implications of my actions with Student Financial Services and appropriate Dean. I furthermore acknowledge that if I am a degree-seeking student at Hope International University, I will notify the appropriate Dean in writing of my desire to extend my off campus study experience. I will also notify the appropriate staff of my off campus study program of my intention to extend my participation. If I am extending my off campus study status in order to change from one program to another program in the following semester, I agree to submit a completed Off Campus Study Approval Form and HIU Off Campus Study Statement of Authorization and Consent for the new program.

I plan to extend my participation in (name and location of program): _____

The extended period of my off campus study will include (semester/year): _____

I plan to return to Hope International University/home institution (semester/year): _____

Student Signature: _____ Today's Date: _____

Printed Name: _____

Email to: isp@hiu.edu

Academic Advisor Signature: _____ Date: _____

Printed Name: _____

College Dean Signature: _____ Date: _____

Printed Name: _____

Director of Student Financial Services Signature: _____ Date: _____

Printed Name: _____