



# Notification of Extension of Off Campus Study

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Fullerton, CA 92831 USA  
(714) 879-3901 ext. 1411  
Email: [isp@hiu.edu](mailto: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](mailto:isp@hiu.edu)**

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

College Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Director of Student Financial Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_