



Please note that review and final approval or denial of all Program Extensions will be decided by the CIEE Participant Services Department. Approval is conditional and subject to change based on the student's behavior and the host family's continued willingness to host.

STUDENT FULL NAME (PLEASE PRINT):

USAHSID:

TYPE OF EXTENSION REQUESTED

5 to 10 Month Extension (additional documents required)

Program Extension (if student is staying in the U.S. longer than 2 weeks after the last day of school, but not past their insurance end date)

Insurance Extension (if student is staying in the U.S. past their insurance end date)

If a participant needs to extend their insurance, it will be that participant's Natural Parent's responsibility to pay the additional insurance cost to their home country agency. CIEE will invoice the home country agency for the insurance extension after approval.

STUDENT DEPARTURE INFORMATION

Last day of school (does not include final exams, graduation, etc.):

DS2019 End Date (found on DS2019 form):

Insurance End Date (found in Beacon):

Requested U.S. Departure Date:

Is the student planning to travel independently or with their natural parents prior to departing the U.S.?

Yes No

If so, what date will the student leave their host family's home?

HOST PARENT APPROVAL

As Host Parent(s), I/we approve of my/our CIEE exchange student extending their program, and remaining in my/our home until the following departure date:

Host Parent Name(s):

Signature(s) of Host Parent(s):

Date:

LOCAL COORDINATOR APPROVAL

As Local Coordinator, I agree to continue to support the student as their local coordinator and grant my approval for their program extension until the following departure date:

LC Name:

Signature of Local Coordinator:

Date: