CALIFORNIA DENTAL
ASSISTANT PROGRAM

The California Dental Assistant Program
EXTENSION APPLICATION

Version 3.1, November 2026. Student Handbook Section 13.2

1. Extension Policy

Your enrollment window is 12 months. If you will not finish the program in time, you may apply for an extension during the last 30 days of your enrollment window. Your eligibility depends on your progress.

Option	Fee	Who qualifies
3-Month Extension	**$525.00**	You have completed your Final exam and hold a valid 8-Hour Infection Control certificate (from the CDA Program or another approved provider).
6-Month Extension	**$1,050.00**	You have passed your First exam but not your Final exam, or you have completed your Final exam but do not yet hold a valid 8-Hour Infection Control certificate.

If you have not passed your First exam, an extension is not available. Your option is Re-Enrollment (**$2,000.00**), described in Student Handbook Section 13.2.

Extension Rules

- You may receive a maximum of two extensions in total.
- The extension fee must be paid before your extension begins. Extension fees are non-refundable.
- An extension does not change any balance you already owe.
- The Student Success Team reviews your application and sends a written decision with your new enrollment end date.

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STUDENT NAME: **TODAY'S DATE:** MM / DD / YYYY

2. Application

1. Student Full Name: Your Full Name

2. Email Address: Your Email Address

3. Current Enrollment End Date: Access End Date

4. Which extension are you applying for?

- [ ] 3- Month Extension ($525.00)
- [ ] 6-Month Extension ($1,050.00)

5. Your progress *(Check all the apply)*

- [ ] Passed First Exam
- [ ] Passed Second Exam
- [ ] Passed Final Exam
- [ ] Hold a valid 8-Hour Infection Control Certificate
- [ ] Started Internship (Hours Completed): Number of completed hours

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6. How many extensions have you received before?

- [ ] None
- [ ] One

7. In 2 to 3 sentences, why do you need more time?

Explain your situation

8. Your plan to finish: how many hours per week will you commit, and what is your target completion date?

Explain your plan

9. How will you pay the extension fee? *(The billing team will send you a payment authorization form)*

- [ ] Card
- [ ] Bank Transfer (ACH)

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6. Statement of Understanding

By submitting this application, I acknowledge and agree to the following:

- Extensions are not automatic, and my eligibility is based on my progress as described above.
- The extension fee must be paid before my extension begins and is non-refundable.
- I may receive no more than two extensions in total. If I do not finish after two extensions, my remaining option is Re-Enrollment.
- The information I provided is true and accurate to the best of my knowledge.

Student Full Name: Full Name _____

Student Signature: ___ Signature ___

Parent/Guardian/Responsible Party Name: Full Name _____ *(Required only if student is under 18)*

Parent/Guardian Signature: Signature _____

Today's Date: ___ MM / DD / YYYY ___