



APPLICATION FOR EXTENSION PERIOD OF STUDY

Name : _____
Matric No. : _____
Programme : _____
Current Semester : _____
E-Mail : _____ Telephone : _____

1st Supervisor : _____
2nd Supervisor (if any) : _____
School : _____

TO BE COMPLETED BY THE SUPERVISORS

Research Progress

Expected Date of Completion (Viva)

I hereby support/do not support the application for extension period of study for the above student

Supervisor's signature and Stamp

Date

FOR OFFICIAL USE

Recommendation from JIL OYAGSB _____ Date : _____

Extension for 1 semester Extension for 2 semesters Not Recommended / Termination