

REQUEST FORM FOR AN EXTENSION OF THE DISSERTATION DEADLINE

(FOR POSTGRADUATE MASTER COURSES)

*To be submitted to Home Faculty/Institute/Centre/School at least two weeks before the deadline***Student Details**

Full Name: _____
_____ *Last* _____ *First* _____ *Student I.D / I.D Card No.*

Course and Year of Entry: _____

Date: _____ Signature: _____

Details of RequestReason for requesting an extension: *(Please attach any relevant documentation, if applicable)*_____

- First extension (up to six months) - Faculty/Institute/Centre/School board approval required; no fees apply.
- Further extension (up to 2 years) – Board and Senate approvals required; fees applicable** - 6 months
- 12 months

Supervisor Details (if applicable)

Full Name: _____

Recommendation by Supervisor: _____

Please forward a recent progress report to the Faculty/Institute/Centre/School Office

Date: _____ Signature: _____

For Office Use ONLYFirst Extension: Approved Rejected by F/I/C/S Board Date: _____Period approved: *(eg: 6 months)* _____ Further extension referred to Students' Request Committee (if applicable) Date: _____ Approved Rejected by Students' Request Committee Date: _____ Extension of studies granted due to the pandemic (COVID-19) situation

Comments: _____

Original Submission deadline: _____ Extended Submission deadline: _____