



APPLICATION FOR EXTENSION PERIOD OF STUDY

Name	:	_____
Matric No.	:	_____
Programme	:	_____
Current Semester	:	_____
E-Mail	:	_____ Telephone : _____
1 st Supervisor	:	_____
2 nd 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 : _____		
<input type="checkbox"/> Extension for 1 semester	<input type="checkbox"/> Extension for 2 semesters	<input type="checkbox"/> Not Recommended / Termination