

APPLICATION FOR NORMAL EXTENSION OF REGISTRATION

Normal Extension: Applies to candidates whose residency has just expired, the duration is one session and one more exceptional extension.

SECTION A (to be completed by the student)

1. Name:.....
2. Reg. No:.....
3. Faculty:.....
4. Department:.....
5. Area of Study:.....
6. Degree in View:.....
7. Date of First Registration:.....
8. Type of Extension:.....
9. State duration and reason for extension of Registration:.....

.....
.....

Signature/Date:.....

SECTION B (to be completed by the Chairman, Supervisory Committee)

1. Name:.....
2. Rank:.....
3. Briefly state the progress of work:.....

.....
.....

Signature/Date:.....

SECTION C (to be completed by the Head of Department on behalf of the PG Committee of the Department)

1. Name:.....
2. Statement of Recommendation:.....

.....

Signature/Date:.....

SECTION D (to be completed by the Dean of the Faculty on behalf of the PG Committee of the Faculty)

1. Name:.....
2. Statement of Recommendation:.....

.....

Signature/Date:.....

SECTION E (to be completed by the Dean of the School of Postgraduate Studies on behalf of the PG Board)

1. Name:.....
2. Statement of Recommendation:.....

.....

Signature/Date:.....