

REQUEST FOR EXTENSION OF THE TIME LIMIT TO COMPLETE THE REQUIREMENTS OF A GRADUATE DEGREE

STUDENT IDENTIFICATION											
SURNAME	GIVEN NAMES			STUDENT NUMBER							
EMAIL	ACADEMIC UNIT/DISCIPLINE	DIPLOMA	MASTER'S	PH.D.	INITIAL REGISTRATION TO THE PROGRAM						
					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YEAR</td> <td style="width: 10%; text-align: center;">MONTH</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		YEAR	MONTH			
	YEAR	MONTH									
WHICH PROGRAM REQUIREMENTS HAVE YOU ALREADY COMPLETED?											
COURSE	YES	NO	IF NOT, SPECIFY THOSE REMAINING _____	<input type="checkbox"/> DOES NOT APPLY TO MY PROGRAM							
COMPREHENSIVE EXAMINATION	YES	NO	IF NOT, INDICATE ANTICIPATED DATE _____	<input type="checkbox"/> DOES NOT APPLY TO MY PROGRAM							
OTHER REQUIREMENTS	YES	NO	IF NOT, SPECIFY _____	<input type="checkbox"/> DOES NOT APPLY TO MY PROGRAM							
THESIS	YES	NO	IF NOT, PLEASE COMPLETE SECTIONS 1), 2) AND 3) BELOW _____	<input type="checkbox"/> DOES NOT APPLY TO MY PROGRAM							
1) TITLE OF THESIS											

2) AT WHAT STAGE ARE YOU IN WRITING YOUR THESIS?											

3) REASON(S) FOR DELAY											

WHEN DO YOU EXPECT TO COMPLETE ALL THE REQUIREMENTS?											

SECTION TO BE COMPLETED BY THE THESIS/RESEARCH SUPERVISOR
<p>DOES THE QUALITY AND QUANTITY OF THE WORK ALREADY ACCOMPLISHED JUSTIFY THE EXTENSION? YES NO</p> <p>EXPLAIN:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

SECTION TO BE COMPLETED BY THE ACADEMIC UNIT DIRECTOR OF GRADUATE STUDIES
<p>RECOMMENDATION FROM THE GRADUATE STUDIES COMMITTEE</p> <p>_____</p> <p>_____</p> <p>_____</p>