

## APPLICATION FOR EXTENSION PERIOD OF STUDY

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

1<sup>st</sup> Supervisor : \_\_\_\_\_  
2<sup>nd</sup> 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

Date

\_\_\_\_\_  
Supervisor's signature and Stamp

\_\_\_\_\_

### FOR OFFICE USE

Recommendation from JIL UUM COB \_\_\_\_\_ Date: \_\_\_\_\_

Extension for 1 Trimester

Extension for 2 Trimester

Extension for 3 Trimester

Not Recommended/ Termination