



APPLICATION TO EXTEND PERIOD OF STUDY

APPLICANT'S GENERAL INFORMATION

Name:	Matric No:
Telephone No. Home: Office: Mobile No.:	Email:
Programme:	Current Semester:

1st Supervisor:

2nd Supervisor (if any):

School:

TO BE COMPLETED BY THE MAIN SUPERVISOR

Research Progress:

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Expected Date of Completion (Viva):

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I hereby support/do not support the application for extension period of study for the above student.

Supervisor's signature and Stamp Date: _____

FOR OFFICE USE ONLY

Recommendation from JIL UUM COB _____ Date: _____

<input type="checkbox"/> Extension for 1 Trimester	<input type="checkbox"/> Extension for 3 Trimester
<input type="checkbox"/> Extension for 2 Trimester	<input type="checkbox"/> Not Recommended/Termination