**SEMESTER EXTENSION REQUEST FORM**

Name of the Scholar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree Program: \_\_\_\_\_\_\_\_\_\_

Title of Thesis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission to Program Semester: \_\_\_\_\_\_\_\_\_\_\_ Completion of Program Semester: \_\_\_\_\_\_\_\_\_\_\_\_ (i.e. Fall 2014) (i.e. Spring 2016 [M.Phil.])

Revised completion of Program Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester Number: \_\_\_\_\_\_\_\_\_\_\_

(i.e. Fall 2016) (i.e. 5th)

Please state the reason for this extension request, and describe both the draft of your work to date and the newly established timeline for completion this semester:

|  |
| --- |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Scholar**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |   |   |   |   |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Supervisor**  |   |   |   |   |   |   | **Chairman/Director** |
|    |   |   |   |   |   |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   |   |   |   |   |   | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Dean**  |   |   |   |  |  |   | **Director AS&R**  |

(Approved in 5th meeting of Board of Advanced Studies & Research held on 25/11/2018 )