



APPLICATION FOR EXTENSION OF STUDY PERIOD

MSc and PhD							
Student number							
Initials and surname							
Title (<i>Mr/Mrs/Ms</i>)							
Email address							
Mobile phone nr							
Degree and Study programme							
Ethic clearance number?							
Date of first registration (<i>month/year</i>)							
Number of years for current degree							
Student - Attach Letter of explanation and Gantt chart* -							
Planned date of completion							
Signature							
Date							
Supervisor/s							
Comments (Mention any special/extenuating circumstances)	Progress acceptable:						
	Reason for concern:						
	No communication:						
	**Part-time:						
Planned date of completion							
Name	Signature		Date				
Head of Department							
Comments/Recommendation							
Name	Signature		Date				
Dean							
Decision							
Name	Signature		Date				

*The Gantt chart should clearly detail how the student will ensure completion of his/her degree in the one additional year as requested in this application.

**Please note that no official concessions exist for part-time students, as per Faculty regulations.