



APPLICATION FOR EXTENSION OF STUDY PERIOD

MSc and PhD

| | | | | | | | |
|---|----------------------|--|--|--|--|--|------|
| Student number | | | | | | | |
| Initials and surname | | | | | | | |
| Title (<i>Mr/Ms/Mx</i>) | | | | | | | |
| Email address | | | | | | | |
| Mobile phone no. | | | | | | | |
| Degree and Study programme | | | | | | | |
| Ethics clearance number | | | | | | | |
| Date of first registration (<i>month/year</i>) | | | | | | | |
| Year of study for current degree | | | | | | | |
| Student - Attach Letter of Motivation and Gantt chart* - | | | | | | | |
| Planned date of completion | | | | | | | |
| Signature | | | | | | | |
| Date | | | | | | | |
| Supervisor | | | | | | | |
| Comments (Mention any special/extenuating circumstances) | Progress acceptable: | | | | | | |
| | Reason for concern: | | | | | | |
| | No communication: | | | | | | |
| | **Part-time: | | | | | | |
| Planned date of completion | | | | | | | |
| Name | Signature | | | | | | Date |
| HoD | | | | | | | |
| 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 **one** additional year. **Please note that no official concessions exist for part-time students, as per Faculty regulations.