



**EXTENSION OF SUBMISSION FOR FINAL THESIS FORM**

**Candidate's Details**

Full name:		Student ID:	
Faculty:			
Name of Main Supervisor:			
Name(s) of other Supervisor(s), if any:			
Thesis title:			

Reason(s) for extension

(Please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Important Notes and Mandatory Declaration**

1. Only one time of extension may be granted.
2. The candidate requesting for extension must continue to be a registered student.
3. Extension time for final submission of a thesis is 60 days maximum
4. Any disapproval from supervisor(s), Faculty Dean or UHDC shall result in unsuccessful application.

*Please read the following carefully and sign and date here before submitting this form.*

- I declare that all the particulars relate to me are correct.

\_\_\_\_\_  
 Signature of Requestor  
 Name:  
 Date:

**Section 2: Supervisor's Endorsement**

Please tick in the box where applicable:

I support the request for extension to submission of final thesis by this candidate.

I do not support the request for extension to submission of final thesis by this candidate.

Comments:

Signature:

Date:

**EXTENSION OF SUBMISSION FOR FINAL THESIS FORM**

**Section 3: Recommendation by the Faculty Dean**

Recommendation by the Faculty Dean

Please tick in the box where applicable:

I support the request for extension to submission of final thesis by this candidate.

I do not support the request for extension to submission of final thesis by this candidate.

Comments:

Signature and official stamp of the Faculty Dean:

Date:

**Section 4: Approval by the University Higher Degrees Committee**

Approval by the Committee

Please tick in the box where applicable:

Extension Request Approved

Extension Request Rejected

Comments:

Signature and official stamp of the Chairman for UHDC:

Date:

*\*Please submit completed form to the respective Faculty.*