



Scholarships Office

Request an extension of scholarship duration

(this is not a request to extend the duration of studies)

- Please type the requested details using this form
- Please fill in all the requested details

Student's Name: _____ Student ID #: _____ Cell No. #: _____

Degree: _____

Name of advisor: _____ Dept.: _____

Used approved scholarship months: _____ No. of scholarship months requested: _____

Total of scholarship months to be approved including extension: _____

No. of Semester studying: _____ out of _____

Reasons for request (a separate letter may be attached):

Schedule for graduation (will be determined with the advisor – after consulting the "final procedures" guideline on the graduate school's website):

Submission of thesis draft to advisor: _____ Presenting a seminar lecture: _____

Submission of thesis to the Graduate School: _____

Comments:

Student's Signature

Advisor's Signature

Recommendation of the Graduate Committee

To: Dean of the Graduate School (through the scholarships office)

From: Head of the Academic Unit's Graduate Studies Committee

Comments: _____

Recommend extension of _____ scholarship month by _____ months. _____ scholarship portions.

Date

Signature