SEMESTER EXTENSION REQUEST FORM

Name of Scholar: ______________________  Department: ______________________

Semester: ______  Session: ________________  Degree program: ________________

Title of Thesis: ____________________________________________________________

__________________________________________________________________________

Semester in which admission was taken (e.g. Fall 2014): ________________________

Semester in which completion of degree program was expected (e.g. Spring 2016): __________

Revised Completion Semester (e.g. Fall 2016): ______________

The reason of extension request: ____________________________________________

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Signature of Scholar

_________________________  __________________________
Supervisor  Chairman/Coordinator

_________________________  __________________________
Dean  Director AS&R