

THE UNIVERSITY OF POONCH RAWALAKOT

Directorate of Advanced Studies and Semester Affairs

Phone No. 05824-960012, E-mail: advanced.studies@upr.edu.pk

SEMESTER EXTENSION REQUEST FORM

| Name of Scholar: | | Department: | |
|-------------------------|---------------------------|---------------------|----------------------|
| Semester: | _ Session: | D | egree program: |
| Title of Thesis: | | | |
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| Semester in which adr | mission was taken (e.g. | Fall 2014): | |
| Semester in which cor | mpletion of degree prog | gram was expected (| e.g. Spring 2016): |
| Revised Completion S | Semester (e.g. Fall 2016) |): | |
| The reason of extension | on request: | | |
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| | Sion: | ature of Scholar | |
| | O.g. | | |
| | | | |
| Supervisor | - | | Chairman/Coordinator |
| | | | |
| | | | |
| | | | |
| Dean | | | Director AS&SA |