



GRADUATE STUDIES & RESEARCH

EXTENSION OF TIME LIMIT FOR SUBMISSION OF RESEARCH PAPER/THESIS REQUEST FORM

NAME: Surname First Name Middle Name

DATE: TITLE OF PROGRAMME:

DEGREE BEING PURSUED:

MA MLIS MEd MSc MPhil PhD

ORIGINAL DATE FOR SUBMISSION:

LENGTH OF EXTENSION REQUIRED:

DATE OF LAST EXTENSION: (If applicable):

NUMBER OF PREVIOUS EXTENSIONS REQUESTED: (If applicable):

DATE(S) OF EXTENSIONS GRANTED:

REASONS FOR REQUEST:

Blank lines for reasons for request

Signature of Applicant

Official Use Only:

1. To be filled in by Supervisor and forwarded to the Head of Department/Graduate Coordinator

Work to be completed:

Blank lines for work to be completed

Recommendations/Comments:

Blank lines for recommendations/comments

New submission date recommended:

Signature of Supervisor

2. To be filled in by Head of Department/Graduate Coordinator:

Blank lines for Head of Department/Graduate Coordinator

Signature of Head of Department/Graduate Coordinator