



**APPLICATION FOR EXTENSION OF REGISTRATION**

1. Name of candidate: ..... Registration No.....
2. Date of registration: .....
3. Date of expiry of registration: .....
4. Faculty/Institute\*: .....Department: .....
5. Degree Programme: .....
6. Title of Research topic: .....
  
8. Duration of extension being requested now: ..... (Months), from.....to .....
9. Reasons for requesting extension: .....
7. Previous request(s) and reasons for extension of registration: ..... (Months); from .....to .....
  
- Reason(s).....
  
- Cumulative number of months of extension to date: .....(months)
- Signature of the candidate: .....Date: .....
  
10. **Supervisor’s comments:** Approved/Disapproved\*  
 Reason(s): .....  
 Name: .....  
 Signature: .....Date:.....
11. **Comments of Head of Department:** Approved/Disapproved\*  
 Reason(s): .....  
 Name: .....  
 Signature: .....Date: .....
12. **Comments by the Dean/Director:** Approved/ Not Approved\*  
 Reason(s).....  
 Name: .....  
 Signature: .....Date: .....
13. **Comments by the SPGSC:** Approved/ Not Approved\*  
 Reason(s): .....  
 Name: .....  
 Signature: .....Date:.....

Delete which not applicable