


**Appendix 14: Extension for Registration (Regulation: F Sec. 4.3)**

	<p><b>SOKOINE UNIVERSITY OF AGRICULTURE</b>  <i>Directorate of Postgraduate Studies, Research, Technology Transfer and Consultancy,</i>  <b>P.O. Box 3151 Morogoro, Tanzania</b>                  Tel: +255 23 260 3511-14                  Telfax: +255 23 260 4388</p>
Website: <a href="https://www.dprtc.sua.ac.tz">https://www.dprtc.sua.ac.tz</a> <span style="float: right;">e-mail: <a href="mailto:drpgs@sua.ac.tz">drpgs@sua.ac.tz</a></span>	

**APPLICATION FOR EXTENSION OF REGISTRATION**

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

Delete which not applicable

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