



**DIRECTORATE OF GRADUATE STUDIES, RESEARCH AND INNOVATIONS**

**BU/DGSRI.F10**

**APPLICATION FOR EXTENSION**  
*(To be filled in quadruplicate)*

Name of Candidate: .....

Registration No.: .....

Faculty: .....

Department: .....

Degree/Diploma Proposed: .....

Nature of Programme (Tick one):

Degree		
Masters	By coursework	<input type="checkbox"/>
	By Thesis	<input type="checkbox"/>
Ph.D.		<input type="checkbox"/>

Studies due to end on: .....

Extension requested:

1 <sup>st</sup>	<input type="checkbox"/>
2 <sup>nd</sup>	<input type="checkbox"/>
3 <sup>rd</sup>	<input type="checkbox"/>

If 2<sup>nd</sup> and 3<sup>rd</sup>, an extension fee receipt should be enclosed.

Reasons for requesting an extension: .....

.....  
.....  
.....

Period of extension: From ..... To .....

**Comments by Supervisor:** .....

.....

.....  
Name: ..... Signature: ..... Date: .....

**Comments by Head:**.....  
.....  
.....  
.....

Signature: ..... Date: .....

**Comments by  
Dean:**.....  
.....  
.....

Signature: ..... Date: .....

**Chairperson, Senate Board of Graduate Studies, Research and Innovations**

Approved:  Not approved

Signature: ..... Date: .....