

MKU/PG/ F004



SCHOOL OF POSTGRADUATE STUDIES

MKU/PG/ F004: APPLICATION FORM FOR EXTENSION OF STUDY PERIOD
To be completed in triplicate and submitted to Registrar, Academic Affairs

PART I: STUDENT PARTICULARS

Name-----Reg. No. -----

Programme of Study -----

Year of Study----- Trimester-----

I request the postgraduate studies committee to allow me to extend the study period by -----
--- months because of the following reasons

- 1. -----
-----
2. -----
-----
3. -----
-----

Signature of student----- Date-----

Part II: FOR OFFICIAL USE ONLY.

A. COMMENTS BY SUPERVISORS AND HEAD OF DEPARTMENT.

Name of Main supervisor .....

Signature ..... Date.....

Name of Supervisor .....

Signature ..... Date .....

Head of Department .....

Signature ..... Date .....

**B. COMMENTS BY THE DEAN OF SCHOOL.**

Recommended / Not recommended for extension. (*Delete appropriately*)

Remarks (if any) .....  
.....

Signature of Dean..... Date.....

**C. COMMENTS BY THE CHAIRMAN, POSTGRADUATE STUDIES COMMITTEE**

Remarks (if any) .....  
.....

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