



BUITEMS

Quality & Excellence in Education

Graduate Studies Office

Request for Extension for Final Thesis Submission Date

Name of the Applicant

Name of Supervisor

Program of Study

CMS-ID

Session

CGPA

Contact Number

Date of Completion
of Course work

Date of Allocation of Supervisor
by AS&RB

Date of Approval
of Synopsis by
AS&RB

1. Synopsis/Thesis Title

2. History of previous extensions, if any

3. Justification for the applied Extension

I hereby request extension of _____ months for completion of my degree requirements

Signature of Candidate _____

Date __/__/____

I hereby endorse the request of my supervisee

Signature of Principal Supervisor _____

Date __/__/____