



SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

APPLICATION FOR EXTENSION PERIOD OF STUDY

Name : _____
Registration No : _____
Programme : _____
Current Semester : _____
Email : _____ Telephone: _____

1st Supervisor : _____
2nd Supervisor : _____
University : _____

TO BE COMPLETED BY THE SUPERVISORS

Research Progress

Expected Date of Completion (Viva)

I hereby support/do not the application for extension period of study for the above student

Supervisor's signature and stamp

Date

FOR OFFICIAL USE

Recommendation from Coordinator: _____ Date: _____

- Extension for 1 semester
- Extension for 2 semesters
- Not Recommended/ Termination