



# SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

## APPLICATION TO CONTINUE STUDY

Name : \_\_\_\_\_  
Registration No : \_\_\_\_\_  
Programme : \_\_\_\_\_  
Current Semester : \_\_\_\_\_  
Email : \_\_\_\_\_ Telephone: \_\_\_\_\_

1<sup>st</sup> Supervisor : \_\_\_\_\_  
2<sup>nd</sup> 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