



# COMSATS University Islamabad Abbottabad Campus

## APPLICATION FORM FOR EXTENSION IN DURATION OF STUDIES FOR MS/PhD STUDENTS

Name:	Registration #
Program:	Department:
Extension requested for semester*:	Date of application:
Progress Report: Attached	Copy of Transcript: Attached
Reason for extension in studies:	
I hereby request for extension in studies for consideration under the CUI rules.	

\* Please specify semester and year e.g. (SP21, FA20 etc.), Only semester-wise extension shall be granted.

Applicant's Signature

	Kindly tick any one of the following	Name & Signature
Supervisor	<input type="checkbox"/> Recommended	Name: _____
	<input type="checkbox"/> Not Recommended	Signature: _____
Head of the Department	<input type="checkbox"/> Recommended	Name: _____
	<input type="checkbox"/> Not Recommended	Signature: _____
Chairperson of the Department	<input type="checkbox"/> Recommended	Name: _____
	<input type="checkbox"/> Not Recommended	Signature: _____
Dean of the Faculty	<input type="checkbox"/> Approved	Name: _____
	<input type="checkbox"/> Not Approved	Signature: _____
The Registrar CUI	<input type="checkbox"/> Approved	Name: _____
	<input type="checkbox"/> Not Approved	Signature: _____
Notified vide Notification No. _____ Dated: _____ by Office of the Registrar		