



COMSATS University Islamabad
 Application for Extension in the Duration of Studies
 MS Ph.D.

Student's Name:	Registration #
Program:	Department:
Campus:	Date of application:
Extension requested semester:	Extension availed before? (Yes/No):
Documents Required:	
(a) Progress report attached? (Yes / No):	(b) Copy of transcript attached (Yes / No):
Reason for extension in studies:	
I hereby request for extension in studies for consideration under CUI rules.	

Note: Extension may be granted for a semester only.

Applicant's Signature

	Recommendations	Name & Signature
Supervisor	<input type="button" value="Recommended"/> <input type="button" value="Not Recommended"/>	Name: _____ Signature: _____
Head of the Department	<input type="button" value="Recommended"/> <input type="button" value="Not Recommended"/>	Name: _____ Signature: _____
Chairperson of the Department	<input type="button" value="Recommended"/> <input type="button" value="Not Recommended"/>	Name: _____ Signature: _____
Dean of the Faculty	<input type="button" value="Approved"/> <input type="button" value="Not Approved"/>	Name: _____ Signature: _____
Registrar CUI	<input type="button" value="Approved"/> <input type="button" value="Not Approved"/>	Name: _____ Signature: _____
Notified vide Notification No. _____ dated: _____ by Office of Registrar.		