



# COMSATS Institute of Information Technology (CIIT)

## Office of the Registrar

### Extension(in Degree Completion Period) For Graduate Student

Please type or fill all sections in block letters clearly and submit this form to the concerned office in the Department.

**Section A: To be filled by the student requesting extension**

<b>Campus</b>		<b>Department</b>	
<b>Student Details</b>			
<b>Student Name</b>		<b>Registration #</b>	<b>E-mail</b>
<b>Supervisor Name</b>		<b>E-mail</b>	
<b>Co- Supervisor Name</b>		<b>E-mail</b>	

1. I was supposed to complete my degree by (semester ending on) \_\_\_\_\_ .
2. I could not complete my degree by above mentioned date for the reason (attach evidence)

\_\_\_\_\_

3. I Mr/Ms \_\_\_\_\_, hereby, request for an Extension in degree completion period for the Semester \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Section B: Recommendation by Supervisor/ Co-Supervisor (If Applicable)**

1. I \_\_\_\_\_, supervisor of above mentioned Graduate Student, hereby recommend the Extension for the above mentioned student upon his/her request.

Recommendation by Supervisor (PART A)		Recommendation by Co-Supervisor (Part B – If Applicable)	
Signature/Date		Signature/Date	
Name and Official Stamp		Name and Official Stamp	
Recommendation by Departmental Advisory Committee (Part C)			
Signature/Date		Signature/Date	
Name and Official Stamp		Name and Official Stamp	

**Section C: For department use only:** Please get this form endorsed from all sections and forward to the Registrar office through proper channel.

1. Student has previously availed \_\_\_\_\_ semester Extension
2. Progress report of Student is attached with the form.

Verified by (Name/Designation/ signature) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date \_\_\_\_\_

<b>Part A Recommendation by HOD</b>		<b>Part B Recommendation by Campus Graduate Program Committee/Chairman</b>	
Signature/Date		Signature/Date	
Name and Official Stamp		Name and Official Stamp	

**Section D: For Registrar Office Use Only**

Verified by (Name/Designation/ signature) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_

<b>Part A Counter Signed by Registrar</b>			
Signature/Date		Name and Official Stamp	
<b>Part B Approval by Concerned Chairperson</b>		<b>Part C Approval by Concerned Dean*</b>	
Signature/Date		Signature/Date	
Name and Official Stamp		Name and Official Stamp	

Notified on (date) \_\_\_\_\_ vide notification number \_\_\_\_\_ by the Office of the Registrar