



# APPLICATION TO CONTINUE STUDY

Name : \_\_\_\_\_

Matric No. : \_\_\_\_\_

Programme : \_\_\_\_\_

Current Semester : \_\_\_\_\_

E-Mail : \_\_\_\_\_ Telephone : \_\_\_\_\_

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

2<sup>nd</sup> Supervisor (if any) : \_\_\_\_\_

School : \_\_\_\_\_

## TO BE COMPLETED BY THE SUPERVISORS

### Research Progress

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Expected Date of Completion (Viva)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date

\_\_\_\_\_  
Supervisor's signature and Stamp

\_\_\_\_\_

## FOR OFFICIAL USE

Recommendation from JIL OYAGSB \_\_\_\_\_ Date : \_\_\_\_\_

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