

# EXTENSION FOR RESEARCH ACTIVITIES

## UNIVERSITY OF IRINGA



### APPLICATION FORM FOR EXTENSION (To be filled in quadruplicate and submit all four copies)

#### Section A: To be completed by the student

Name of Student: .....

Registration Number: ..... Date of Registration .....

Department ..... Faculty: .....

Degree Programme: .....

Nature of Programme (*Please tick in the box next to the programme*):

Research and Thesis	<input type="checkbox"/>	Coursework and Dissertation	<input type="checkbox"/>
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Studies due to end on .....

Extension Requested: 1<sup>st</sup> ..... 2<sup>nd</sup> ..... 3<sup>rd</sup> .....

Reasons for requesting an extension: .....

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Period of extension: From ..... To .....

**Comments by supervisors (To be signed by one of the supervisors in agreement of the two)**

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.....  
Signature ..... Date .....

**Section B: Comments by Head of Department:**

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.....  
Signature ..... Date .....

**Section C: Comments by Dean of Faculty:**

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Signature ..... Date .....

**Section D: Comments by the Director for Postgraduate studies Research and Consultancy**

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.....  
Signature ..... Date .....

**Section E: Comment by the Deputy Vice Chancellor for Academic, Research and Consultancy**

Approved  Not approved

Reasons:.....

Signature ..... Date .....

**NB:** If the extension is requested for the 2<sup>nd</sup> or 3<sup>rd</sup> time, an extension fee receipt of 20000TAS should be attached to the form.

