

THE UNIVERSITY OF ZAMBIA
DIRECTORATE OF RESEARCH AND GRADUATE STUDIES
APPLICATION FOR AN EXTENSION OF STUDY PERIOD

Title of Degree: _____

Name of Student: _____

Computer Number: _____

School: _____

Department: _____

Dissertation/Thesis Title: _____

Date of First Registration: _____

Extension Requested: _____

(Please indicate if this is a first extension request)

Reasons for Extension: _____

(Please continue on a separate sheet if necessary)

Expected Date of Submission of Dissertation/Thesis: _____

Signature of Student: _____ Date: _____

Comments by Principal Supervisor: _____

(Please continue on a separate sheet if necessary)

Name: _____ Signature: _____ Date: _____

Comments by Head of Department: _____

Name: _____ Signature: _____ Date: _____

Note:

1. A request for an extension must be made at least two months before the expiry of the normal period of study, failure to which a penalty fee will be charged, in addition to the prescribed fees for continuation of study.
2. This form should be submitted to the School Assistant Dean for Postgraduate Studies for consideration/approval, as appropriate, by the School Postgraduate Studies Committee.