



भारतीय प्रौद्योगिकी संस्थान कानपुर  
INDIAN INSTITUTE OF TECHNOLOGY KANPUR  
शैक्षिक विभाग : कार्यालय, डिजिटल लर्निंग  
ACADEMIC SECTION: OFFICE OF DIGITAL LEARNING



**REQUEST FOR ACADEMIC EXTENSION OF eMASTERS DEGREE PROGRAM STUDENTS**

(This portion to be filled by the student)

1. Name ..... 2. Roll No .....
3. Department/Program .....
4. Give details of the number of core and elective modules completed \*

Academic year	Quarter number	No. of modules completed	
		Core modules	Elective modules

\*Please attach extra sheet if required.

5. Are you applying for extension for the first time? Yes/No

**If Yes,**

Give reasons for the non-completion of the program. The reason should be very specific and in detail. If necessary, use the back of this sheet. Also mention the likely schedule of the completion of your program.

(Signature of the Student)

**If No,**

Clearly specify the progress you have made, since last extension and reasons for deviation from the schedule that you mentioned in your last extension.

Dated: .....

(Signature of the Student)

(This portion to be filled by Program Coordinator)

- (i) Give your comments on the reasons given by the student for not completing the program and on the likely schedule of the completion of the program mentioned by the student.

- (ii) Academic extension recommended/not recommended

Dated: .....

(Signature of Program Coordinator)

(This portion to be filled by Convener, DOPC of the Department)

Give specific recommendations of DOPC

(Convener, DOPC)