

**REQUEST FOR ACADEMIC EXTENSION OF POST GRADUATE STUDENTS**

(This portion to be filled by the student)

- 1. Name .....
- 2. Roll No. ....
- 3. Department/Programme.....
- 4. Present status of the thesis (give details)

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

If Yes,  
Give reasons for the non-completion of the programme. The reasons 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 thesis.

(Signature of 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 Student)

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(This portion to be filled by Thesis Supervisor)

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

(ii) Academic extension recommended / not recommended.

Dated: ..... (Signature of Supervisor)

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

Give specific recommendations of DPGC.

(Convener, DPGC)