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**COVENANT UNIVERSITY**

**SCHOOL OF POSTGRADUATE STUDIES**

**FORM J**

**APPLICATION FOR EXTENSION OF TIME TO FINISH POSTGRADUATE WORK**

**SECTION A**: (To be completed by student)

1. Name of Candidate: ……………………………………………………………………………………..

(Surname in capitals) (First name) (Other Names)

1. Matriculation No: ………………………………………………………………………………………..
2. Programme/Department: ………………………………………………………………………………...
3. College: ………………………………………………………………………………………….
4. (i) Degree to which candidate was admitted: ……………………………………………………………

(ii) Semester and Session of first Registration: ………………………………………………………….

1. Mode of study (if part-time or full-time): ………………………………………………………………
2. Number of Semesters already spent: …………………………………………………………………….
3. Period of extension requested by student: ………………………………………………………………
4. Reason for the extension (in one or two sentences): ……………………………………………………

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………………………………………………… ……….…………………………………

Name of Student Signature& Date

**SECTION B:** (To be completed by the Supervisor, Departmental PG Coordinator and HOD)

1. Academic Record of Student:

(a) CGPA of Coursework Results: ……………………………………………………………………

(b) Current Stage of Thesis: ……………………………………………………………………………..

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1. Supervisor’s Comments:

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Name Signature& Date

1. Coordinator, Departmental Postgraduate Committee

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Name Signature & Date

1. Recommendation by Head of Department:

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………………………………………………… ……….…………………………………

Name Signature& Date

**SECTION C:**

Comments of the Coordinator, College Postgraduate Committee: ..............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

………………………………………………… ……….………………………………………….

Name Signature& Date

1. Comments of the Dean of College:

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Name Signature& Date

1. Comments of the Sub-Dean of School

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Name Signature & Date

1. Comments of the Dean, SPS:

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Name Signature & Date