

EASTERN UNIVERSITY

House 26, Road 5, Dhanmondi, Dhaka -1205

ACADEMIC YEAR EXTENSION APPLICATION FORM | EUF-16

Name of student:	
ID: <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contact no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Program:	Last Semester enrolled : Spring/Summer/Fall 20 <input type="text"/> <input type="text"/>
Reason(s) for applying: <input type="checkbox"/> Study gap <input type="checkbox"/> Insufficient CGPA for graduation <input type="checkbox"/> Insufficient credits for completion of degree <input type="checkbox"/> Need to improve CGPA If study gap, mention number of semester missed: _____ If study gap, mention reason(s): _____ _____	
Date:	Signature of student
<i>This part to be completed by concerned Student's Advisor</i>	
Credits required for degree completion : _____	For fulfilling degree requirement
Credits completed : _____	Credits to be completed : _____
CGPA of completed credits : _____	Semesters needed : _____
Comments:	
Date:	Signature of Student's Advisor
Comments of Dean/Advisor/Chairperson:	
Date:	
Signature	
Comments of Deputy Registrar:	
Signature of Deputy Registrar	
Decision of Academic Council:	Action by Registrar's Office:
Meeting No: _____ Date held: _____	
Decision No: _____ Page No: _____	
Decision: <input type="checkbox"/> Allowed <input type="checkbox"/> Not allowed	
Other instructions: _____	

Date:	Signature