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**FORM: GS-01 (v1)**

**COMSATS University Islamabad**

Application for Extension in the Duration of Studies

MS ☐ Ph.D.☐

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| Student’s Name: | Registration # |
| Program: | Department: |
| Campus: | Date of application: |
| Extension requested semester: | Extension availed before? (Yes/No): |
| Documents Required: |  |
| (a) Progress report attached? (Yes / No): | (b) Copy of transcript attached (Yes / No): |
| Reason for extension in studies: | |
|  | |
| I hereby request for extension in studies for consideration under CUI rules. | |

**Note: Extension may be granted for a semester only.**

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**Applicant’s Signature**

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|  | **Recommendations** | **Name & Signature** |
| **Supervisor** | **Recommended**  **Not Recommended**  **Recommended**  **Not Recommended**  **Recommended**  **Not Recommended**  **Approved**  **Not Approved**  **Approved**  **Not Approved** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Head of the Department** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chairperson of the Department** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Dean of the Faculty** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Registrar CUI** |  | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Notified vide Notification No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by Office of Registrar. | | |