

Date:

## EXTENSION OF SUBMISSION FOR FINAL THESIS / DISSERTATION FORM

**Reminder:** Please obtain declaration from your Supervisor(s) and Head of Cluster before submit to the Academic Office for Senate's Approval.

Full Name	
Matric No.	
Cluster	
Name of Main Supervisor	
Name of other(s) Supervisor(s), if any	
Thesis / Dissertation Title	
Reason(s) for extension (please	e specify)
<ul><li>3. Extension time for final st</li><li>4. Any disapproval form sup</li><li>Please read the following care</li></ul>	
 Student's Signature	

## SUPPORT BY SUPERVISOR'S Please tick in the box where applicable: I support the request for extension to submission of final thesis/dissertation by this candidate I do not support the request for extension to submission of final thesis/dissertation by this candidate Comments: Signature and official stamp: Date: **RECOMMENDATION BY HEAD OF CLUSTER** Please tick in the box where applicable: I recommend the request for extension to submission of final thesis/dissertation by this candidate I do not recommend the request for extension to submission of final thesis/dissertation by this candidate Comments: Signature and official stamp: Date: **RECORD BY ACADEMIC OFFICE** Please tick in the box where applicable: **Extension Request Approve Extension Request Rejected** Comments: Signature and official stamp: Date: