



Form: Application for extension of study period

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|------------------------------------------------|--|----------------------|---------------------------------|-----|--------------------------------------------------|-----------------------|--|-----------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|--|--|--|--|--|--|--|
| Details of Candidate | | | | | | | | | | (to be completed and emailed to te.masemola@up.ac.za or raphasha.mw@up.ac.za or hellen.molapo@up.ac.za) | | | | | | | | | |
| Surname and initials: | | | | | Student number: | | | | | | | | | | | | | | |
| Department: | | | | | | | | | | | | | | | | | | | |
| Contact number: | | | | | Email address: | | | | | | | | | | | | | | |
| Degree: | | | | | Focus area: | | | | | | | | | | | | | | |
| Year of commencement: | | | Anticipated date of completion: | | | Total years enrolled: | | | Has an extension been granted previously? | | | | | | | | | | |
| If CW Master's, which modules are outstanding? | | | | | How many years registered for mini-dissertation? | | | | | | | | | | | | | | |
| Did you attach it? | | 1. Motivation letter | | Yes | | No | | 2. Workplan (including due dates) | | Yes | | No | | | | | | | |

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Signature of Candidate Date

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|--------------------|--|----------------------|--|--|---------------------|--|--|-------------------|--|
| Supervisor: | | | | | | | | | |
| Contact number: | | | | | Email address: | | | | |
| Progress: | | Progress acceptable: | | | Reason for concern: | | | No communication: | |
| Comments: | | | | | | | | | |

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Signature of Supervisor Date

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|----------------------------|--|--|--|--|----------------|--|--|--|--|
| Head of department: | | | | | | | | | |
| Contact number: | | | | | Email address: | | | | |
| Recommendation: | | | | | | | | | |

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Signature of Head of department Date

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| Final decision | | | | | | | | | |
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Signature of Chair: Faculty: Postgraduate Committee Date