## SEMESTER EXTENSION REQUEST FORM

Note: The Normal study period for MS/MPhil program is 2 years and the Maximum duration is 4 Years. The scholars who fail to complete the degree requirements within the normal stipulated duration shall have to apply for an extension in the study duration with justification. The Advanced Studies and Research Board (ASRB) may grant extensions (upto four semesters) on the recommendation of the Supervisor and GSC. After the expiry of the maximum duration, the scholar who fails to successfully complete the studies shall cease to be in the role of the University. All other rules & regulations shall be followed as per university-approved policy.

| Name of Student:                   | Department:  Session:  |  |  |
|------------------------------------|--|--|--|
| Supervisor:                        |  |  |  |
| Date of Admission:                 | Date of completion of Normal Duration  |  |  |
| Title of thesis:                   |  |  |  |
|                                    |  |  |  |
| A. Please explain why you beli     | ieve an extension is necessary.  |  |  |
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|                                    | progress already made in the research programme and indicate how  You must also attach a plan and/or anticipated timetable for |  |  |
| completion of the remainder of the |  |  |  |
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| C. The following extension is requested From(date) |         | d: To(date)  |           |  |
|--|---------|--------------|-----------|--|
| Signature of Scholar  GSC Recommendation:          |         | Signature of | _         |  |
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|  |         |              |           |  |
| Convener:  | Member: |              | _ Member: |  |
|  |         |              | _ Member: |  |
|  |         |              |           |  |
| Member   |         |              |           |  |