



UNIVERSITY OF AZAD JAMMU AND KASHMIR

[Directorate of Advanced Studies and Research]
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SEMESTER EXTENSION REQUEST FORM

Name of the Scholar: _____ Department: _____

Semester: _____ Session: _____ Degree Program: _____

Title of Thesis: _____

Admission to Program Semester: _____ Completion of Program Semester: _____
(i.e. Fall 2014) (i.e. Spring 2016 [M.Phil.])

Revised completion of Program Semester: _____ Semester Number: _____
(i.e. Fall 2016) (i.e. 5th)

Please state the reason for this extension request, and describe both the draft of your work to date and the newly established timeline for completion this semester:

Signature of Scholar

Supervisor

Chairman/ Director

Dean

Director AS&R