

## **EXTENSION OF CANDIDATURE**

Please read and understand the Rules and Regulations pertaining application for extension of candidature in the student handbook. An application for extension must be made two (2) months prior to the expiration date of a candidate's candidature. The maximum extension of candidature period is only two (2) semesters after the period of candidature ends. This extension of two (2) semesters is considered final.

Student Name	:								
Student ID	:			IC/Passport l	No. :				
Email Address	:			Contact No.	:				
Faculty	:			Mode	:	Fulltime / Part Time			
Programme	:								
Current Result	:	(CPA & GPA / Progress Result)							
Candidature	:	Registration Date as UMP S	tudent	Current Semester/Academic Session					
Details of Application and Justifications									
Duration required	:			Academic Se	ession :				
Justifications	:								
Have you applied for extension of candidature before?									
YES Semester / Academic Session : NO						NO			
Student's Signature:				Date:					
SECTION II (To be completed by Main Supervisor – for research mode student)									
Approved			Disapproved						
Hereby, I verify that:				•					
The student is currently preparing for submission of draft thesis.  The student has already submitted the draft thesis but the Viva Voce has not been conducted yet.  The student has sat for Viva Voce but he / she requires longer time for thesis correction and submission of final thesis.  Other comments:									
Date:									
Main Supervisor's Signature and Stamp:									

## **SECTION III (To be completed by Head of Programme / Deputy Dean of Research)**

	Approved		Disapproved								
Comme	Comment from Head of Programme / Deputy Dean of Research:										
Date:											
Signature and Stamp:											
SECTION IV (To be completed by Dean of Faculty)											
	Approved		Disapproved								
Comment from Dean:											
Date:  Dean's Signature and Stamp:											
SECTION V (To be completed by IPS)											
Within r & proce		ons to be t	aken: Administration Matters								
Y6	MPSU to be informed Completed D	Date:	Verification by Dean of IPS	Date:							
		Date:	Change status in the system	Date:							
		Date:	Letter to Faculty	Date:							
			IPS Staff's Name:								
□ No	MPSU to be informed Completed D	Date:	Verification by Dean of IPS	Date:							
	MPSU approval Yes No D	Pate:	Change status in the system	Date:							
		Date:	Letter to Faculty	Date:							
			IPS Staff's Name:								
Reason	S:										
Verifica by Dear IPS		Bring to MPSU for information									
11.5	Bring to MPSU for approval	Bring to MPSU for approval (Sig									
Hereby, I verify that this student matter has been solved.											
Date:											
IPS Staff's Signature and Stamp:											