 The APPLICATION FOR

UniversityTIME LIMIT EXTENSION

of Sargodha (LLM/MSc (Hons.)/MS/MPhil/PhD Students)

Please ensure that all parts of the form are completed to avoid delays in processing the application.

**1. Student’s details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name (in capital words) and Correspondence Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Registration No:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Department/College/School/ institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Date of Admission: DD - MM - YYYY | Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Semester:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Time Limit: | |  | |
| Name of supervisor |  | | |  | |
| Name of co-supervisor (if any) |  | | |  | |

**2. Detail of required extension:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Length of Extension Requested (in months) |  | From (date) | | DD - MM - YYYY | | | To (date) | DD - MM – YYYY | |
| Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Deposit Date: \_\_\_\_\_\_\_\_\_\_ | | Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_  Deposit Date: \_\_\_\_\_\_\_\_\_ | | | Amount: \_\_\_\_\_\_\_\_\_\_  Deposit Date: \_\_\_\_\_\_ | | | Amount: \_\_\_\_\_\_\_\_\_\_\_  Deposit Date: \_\_\_\_\_\_\_ |
| **3. Detail of extension previously approved** | 1. Semester \_\_\_\_\_\_\_, extension fee \_\_\_\_\_\_\_\_\_\_ deposited date \_\_\_\_\_\_\_\_\_\_\_ approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Semester \_\_\_\_\_\_\_, extension fee \_\_\_\_\_\_\_\_\_\_ deposited date \_\_\_\_\_\_\_\_\_\_\_ approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Semester \_\_\_\_\_\_\_, extension fee \_\_\_\_\_\_\_\_\_\_ deposited date \_\_\_\_\_\_\_\_\_\_\_ approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Semester \_\_\_\_\_\_\_, extension fee \_\_\_\_\_\_\_\_\_\_ deposited date \_\_\_\_\_\_\_\_\_\_\_ approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Semester \_\_\_\_\_\_\_, extension fee \_\_\_\_\_\_\_\_\_\_deposited date \_\_\_\_\_\_\_\_\_\_\_ approved by \_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Semester \_\_\_\_\_\_\_, extension fee \_\_\_\_\_\_\_\_\_\_ deposited date \_\_\_\_\_\_\_\_\_\_\_ approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Semester \_\_\_\_\_\_\_, extension fee \_\_\_\_\_\_\_\_\_\_ deposited date \_\_\_\_\_\_\_\_\_\_\_ approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Semester \_\_\_\_\_\_\_, extension fee \_\_\_\_\_\_\_\_\_\_ deposited date \_\_\_\_\_\_\_\_\_\_\_ approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_   Verified by the Head of Department concerned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature with Date & official stamp | | | | | | | | |
| **4. Please specify the reason for your application for a time limit extension: Please tick the relevant box.**  Extend the time-limit for your coursework Extend the time-limit for completion of your thesis  Extend the time-limit for the submission Extend the time-limit for the re-submission of thesis | | | | | | | | | |
| **5.** **Detail the stage at which the coursework/thesis currently stands:** attach additional sheet if necessary | | | | | | | | | |
| **6. Reason for the non-completion of coursework/thesis:** attach additional sheet if necessary | | | | | | | | | |
| **7. Schedule of work to be carried out during the proposed period of extension:**  attach additional sheet if necessary | | | | | | | | | |
| **8. Signature of Student:** | | | | | Date: DD - MM - YYYY | | | | |

Continued Overleaf

**9. Supervisor’s Statement:**

|  |  |
| --- | --- |
| Please indicate here whether or not the student’s application is supported (attach additional sheet if necessary) please note that this information will be released to the students | |
| Signature of Supervisor(s)  With Date & Stamp | Recommendations by the Head of the Department:  Name & Signature of the Head of the Department:  With Date & Official Stamp: |

As per HEC policy decision regarding revision of time duration for postgraduate studies, the Syndicate in its 1/2017 meeting held on 15-16.05.2017 vide notification no. UOS/Acad/562 dated 16.06.2017 has approved the minimum and maximum duration of MS/MPhil and PhD program as under:

1. MPhil/MPhil or Equivalent 1.5 to 4 years
2. PhD 3 to 8 years
3. **Section 9.2 of MS/M.Sc (Hons)/MPhil & PhD Regulations 2019**, if the scholar’s degree does not complete in 2 years then one year (3rd year of study) extension shall be provided by the Chairperson/In-charge/Principal/Director of the Department/College/Institute/School upon valid justification and recommendation of the research supervisor. Whereas, last year (4th year of study) extension shall be provided by the Dean of the concerned Faculty.
4. **Section 9.4 of MS/M.Sc (Hons)/MPhil & PhD Regulations 2019**, if the scholar’s degree does not complete in 5 years then one year (6th year of study) extension shall be provided by the Chairperson/In-charge/Principal/ Director of the Department/College/Institute/School upon valid justification on the recommendation of the research supervisor. Whereas, last two years (7th and 8th year of study) extension shall be provided by the Dean of the concerned Faculty upon the recommendation of the research supervisor and Chairperson/In-charge/ Principal/ Director of the Department/College/Institute/School.

**10. For Office Use only:**

**Confirmation of Status:**

Approved / Recommended by the Head: Approved Not approved Recommended

**Signature of Head of Department**

**with date**

Approved by the Dean of concerned faculty: Approved Not approved

**Signature of Dean Concerned Faculty**

**with date**

**Note: If the post of Dean is vacant the Head of the department is empowered to forward the application complete in all respects to the AS & RB for approval (**decision made vide no. SU/Acad/917 dated 11.12.2018 by the Syndicate dated 01.12.2018**).**