***“UNMIED PG FORM F”***

**UNIVERSITY OF MEDICAL SCIENCES LAJE ROAD, ONDO**

**THE POSTGRADUATE SCHOOL**

**APPLICATION FOR EXTENSION OF TIME TO FINISH POSTGRADUATE WORK**

**Section “A”** *(To be completed by the Candidate)*

**1. Name of Candidate**: ……………………………………………………................................

(*First Name*) (*Other Name*) (*Last Name in Capitals*)

**2. Candidate’s Matriculation Number:** ----------------------------------------------------------------

**3. (i) Degree to which Candidate was Admitted:** -----------------------------------------------------

**(ii) Semester and Session of First Registration:** ----------------------------------------------------

**4. Mode of Study** *(Part-time or Full-time):* --------------------------------------------------------------

**5. Number of Semesters Already Spent:** ----------------------------------------------------------------

**6. Date of Board Approval of Form A:** ------------------------------------------------------------------

**7. Thesis Title as Approved by the Postgraduate College: ------------------------------------------**

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**8. Period of Extension Requested by the Candidate:** ------------------------------------------------

**9. Reason for the Extension:**

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---------------------------------------------------- **Date:** --------------------------------

**Signature of Candidate**

**Section “B”** *(To be Completed by the Head of Department)*

**1. Academic Record of Student:**

**(a) Weighted Average (%) of Coursework Results:** --------------------------------------------

**(b) Current Stage of Thesis:** ---------------------------------------------------------------------------

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1. **Supervisor’s Comments:**----------------------------------------------------------------------------------------

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**Supervisor’s Name and Signature** **Date:**

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| **3.** | **Recommendations by the Head of Department:** |
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**Head of Department’s Signature Date**

**Section “C”** *(To be completed by the Faculty Sub-Dean Postgraduate)*

**Comments of the Faculty Sub-Dean Postgraduate:**

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**Name of Faculty Sub-Dean Postgraduate Signature and Date**