

UNIVERSITY OF LAGOS
SCHOOL OF POSTGRADUATE STUDIES
APPLICATION FOR ONE YEAR EXTENSION OF M.Phil. /Ph.D. PROGRAMME

DEPARTMENT OF

Candidate Name

Matric. No:.....

Session of Admission / First Registration:.....

Session of Last Registration (*See Footnote*):..... No of Sessions Spent.....

Degree in view:.....

Candidate Status (Full/Part Time / Staff Candidate):

Reason(s) for Delay & Justification for Extension:.....

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Current Status Online:.....Signature & Date:

Comment by Supervisor 1:

..... Signature & Name:

Comment by Supervisor 2:

..... Signature & Name:

Comment by Supervisor 3:

..... Signature & Name:

NOTE: Candidate must attach a copy of Admission Letter, a copy each of ALL duly signed Registration Forms (NOT Receipts); and, other relevant Document to support the application. Allowable period for Extension is a session.

Comment by Departmental PG Coordinator:

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Comment by Head of Department:

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Name & Signature
(Departmental PG Coordinator)

Name & Signature
(Head of Department)