Name: ________________________________ ID No: ____________  Semester Entry : ___________________

School: _________________________________ Degree Program: ______________________________________

Status of Program of Study:  [ ] requires additional time to modify/correct Capstone project
[ ] requires to take the required course/s

Detailed reason(s) for delay in completing requirements within the specified period:

__________________________________________________________

Field of Study Recommendation:  Continuation of period of study for: [ ] Jan  [ ] Intersem  [ ] Sep

Advisor: _______________________________________________ Date: ________________________________

Field of Study Coordinator:________________________ Date: ________________________________

A. Admissions and Scholarships Office Recommendation:

Admissions and Scholarships Coordinator: ______________________________ Date: ______________________

B. Registry Recommendation:

Registry Coordinator: ___________________________________________ Date: _______________________

D. Dean’s Decision on Study Program Continuation:

[ ] Approved
[ ] Disapproved

Dean’s Signature: ______________________________________________ Date: ________________________

Distribution: Finance Department, Field of Study, Adviser, Student, Registry (S-file)

Registry 20/9/2010