SIMON DIEDONG DOMBO UNIVERSITY OF BUSINESS AND INTEGRATED DEVELOPMENT STUDIES

SCHOOL OF GRADUATE STUDIES AND RESEARCH

APPLICATION FOR EXTENSION FORM

Name and ID of Student ………………………………………………………………………………………..

Academic Year Admitted ……………………………………………………………………………………….

Expected Year of Completion ………………………………………………………………………………..

Programme of Study………………………………………………………………………………………………

Mode of Study (Sandwich Modular/Regular):…………………………………………………………

Department/Faculty ………………………………………………………………………………………………

Period of Extension Sought: …………………………………………………………………………………..

Contact Address:…………………………………………………………………………………………………….

………………………………………………………. Telephone:……………………………………………………

**Reason(S) for extension**

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**Comments by Principal Supervisor**

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Name Signature Date

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**Recommendation of Head of Department**

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Signature Date Stamp

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**Recommendation by Dean, SGSR**

Approved or Not Approved on behalf of the Board of SGSR

Fee for Extension GH¢………………………………………………………………………………………......

Signature Date Stamp

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**Approval by Registrar**

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Signature Date Stamp

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