

Request to Extend Final Research Project Period

This form should be completed by students who wish to request an extension to the duration for their Final Research Project. We undertake that your particulars will be kept confidential and will not be divulged to any third party without your prior consent.

Student Details (please print in CAPITAL LETTERS)

Matriculation ID:

Last Name: _____

First Name: _____ Contact Telephone: _____

Address: _____ Email: _____

Date of Application: _____

Note: This form must be submitted after the initial allocated timeframe for the project has elapsed.

Program Class

Undergraduate

Postgraduate

Study Group

DAY

ONL

Faculty

NBS CICT

FOL NSON

FOT

Campus

NDL

ONL

Research Project Extension Details

Current Research Period Dates

Research Project Start Date: (e.g. S1 2023, or OS1 2023) _____

Research Project End Date: _____

Current Project Week (See *Date of Application* above): _____

Supervisor Name: _____

Supervisor ID: _____

Extension Period Requested

Indicate by how many weeks you are requesting this extension: 1 Week 2 Weeks 3 Weeks 4 Weeks

Note: There will be a Research Project Extension Fee of **10%** of the total project tuition course cost **per week** charged for extension. Only a maximum of four weeks is allowed per project extension.

Final Submission Date: _____

(Note: To be filled in by the Research Supervisor after student has paid the Research Project Extension Fee).

Please state your reasons for requesting your Research Project completion date to be extended:

Reasons: _____

- I understand that the maximum period allowed for extension is four (4) weeks (one month) from the Payment Date of the of this application.
- I also understand the associated costs to the extension as laid down by the University.

Signature: _____ Date: _____

Ensure to scan a copy by e-mail of your payment receipt to the Head of Research and Innovation.

Note: Research supervisory services will only be rendered to you after receipt of payment by the accounts department.

Official Use:

To be completed by Research Supervisor

- Approved
- Not Approved

Remarks: _____

Name: _____ Emp ID: _____

Signature: _____ Date: _____

To be completed by the Head of Research and Innovation

- Approved
- Not Approved

Remarks: _____

Signature: _____ Date _____

To be completed by Accounts

Amount Paid: _____ Receipt Number: _____

Payment Date: _____

Processed By Name: _____ Emp ID: _____

Signature: _____ Date: _____

To be completed by Registrar

Cleared: Yes No

Name: _____ Emp ID: _____

Signature: _____ Date: _____