



SCHOOL OF
DEPARTMENT OF

REQUEST FOR EXTENSION OF M & D REGISTRATION FOR 2021

A. TO BE COMPLETED BY THE STUDENT

Student Name:		Student Number:	
1st year of Registration	Qualification code	Subject code	
Proposal Approval	SRC	FHDC	TREC/AREC*
			Ethics Number*
Reasons for inability to complete (Not more than 250 words)			
Motivation for extended registration (Not more than 250 words)			
Work plan for extended period of registration (Projected date of completion)			
Planned activities			Date
1)			
2)			
3)			
4)			
Anticipated submission date for assessment:			

Kind Regards.

Candidate

Date

B. TO BE COMPLETED BY THE SUPERVISOR

Supervisor's Name:		Number of students supervising:	
Comprehensive remarks by Supervisor			
Anticipated submission date:			
Signature:		Date:	

RECOMMENDATIONS

	Recommended	Not Recommended	Signature	Date
HOD				
Director				
Executive Dean				