

To: The Secretary for Master's Studies

Subject: Request for an extension of duration of studies for the Master's degree

Student's name _____ I.D. number _____

Began studies in the year _____ Semester _____

Length of period of extension: Sem. A/B Academic year _____

Reasons: _____

Signature _____ Date _____

Advisor's recommendation

< > I recommend that the request be approved

< > I do not recommend that the request be approved

Reasons: _____

Name of advisor _____ Signature _____ Date _____

Recommendations of the department committee

< > I recommend approving the extension of the duration of studies for a period of _____ semesters.

< > I do not approve an extension of the duration of studies. Reasons: _____

Name of the chair of the teaching committee _____

Signature _____ Date _____