

REQUEST FOR PROGRAM EXTENSION

Date:.....

ST/20/AR/20

Postgraduate Institute of Archaeology (PGIAR)

1. Student Number #. 2. Name with Initials:

3. NIC/Passport # 4. E-mail: 5. Contact phone:

6. Name in full:

7. Approved research topic (if relevant):

8. Principal supervisor (if relevant):

9. Reasons for 'Request for Program Extension': Medical | Family Emergency

10. Supporting documents:

10.1.

10.2.

11. **Student's signature:**.

For Office Use

Check if this student has received any Program Extensions previously: 1, 2, 3

Dear student, Your Request for Program Extension has been approved by the Boards of Study of the PGIAR. You must report to AR/Academic's Office on or before (DATE)

AR/Academic signature:. **Date:**