

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>		
	<b>Document: Form</b>		<b>Ref No.: TUM/Form/SGS/006</b>
	<b>Title: APPLICATION FOR EXCEPTIONAL CIRCUMSTANCES</b>		
	<b>Department: SCHOOL OF GRADUATE STUDIES</b>		
	<b>Issue No. 1</b>	<b>Revision No. 0</b>	<b>Date: 5th April 2018</b>

Extensions are usually permitted up to a maximum of one year for both full-time and part-time students. The request must be made in quarters (3 months) and approved by both the supervisor and the Dean of School/faculty. If you have already had the maximum permitted amount of extension and due to exceptional circumstances require a further period of extension, you must fill out this form for approval by the Chair of Graduate Degrees Board of Examiners.

**Please provide a detailed timeline and plan for the period to submission along with this request form**

**SECTION A – To be completed by the student**

Name	:	Reg. No.	:
Degree Programme	:	School	:
Correspondence Address	:		
Previous Extension Granted	:		
Are you an overseas student	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Length of extension requested:

- 3 months     
  6 months     
  9 months     
  12 months

Reason for requesting an exceptional extension to your maximum date of registration:
:



Signed	:		Date	:	
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*(Student)*

**SECTION B – To be completed by the Principal Supervisor**

Please provide a statement in support of the student’s exceptional extension application, and confirm that the student will be supported to complete their studies within this time frame: :           
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Signed	:		Date	:	
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*(Principal Supervisor)*

**SECTION C – To be completed by the Dean/Director of School/Institute**

I Approve the student’s extension of registration as follows:

- 3 months     
  6 months     
  9 months     
  12 months  
 Full-time     
  Part-time     
  Pre-submission status

Signed	:		Date	:	
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*(Director of Doctoral Studies)*

**SECTION C – To be completed by the Director, School of Graduate Studies**

I Approve the student’s extension of registration as follows:

- 3 months     
  6 months     
  9 months     
  12 months  
 Full-time     
  Part-time     
  Pre-submission status

Signed	:		Date	:	
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*(Director of SGS)*

Once completed, please return to the Research Student Administration Office

