

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: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Advisor's recommendation

< > I recommend that the request be approved

< > I do not recommend that the request be approved

Reasons: \_\_\_\_\_

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Name of advisor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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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: \_\_\_\_\_

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Name of the chair of the teaching committee \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_