



Department of

Shaheed Benazir Bhutto University

Sheringal, Dir-Upper, Khyber Pakhtunkhwa, Pakistan

SEMESTER EXTENSION FORM

Scholar's Name: _____ Supervisor: _____

Session: _____ Admission Date: _____ Normal Completion Date: _____

Title of Thesis/Synopsis:

A. Justification for Extension: *(Provide concise, specific reasons necessitating extra time (e.g., data access delays, instrument downtime, ethical approvals, unforeseen health/personal circumstances, supervisor-advised scope refinement etc. Attach extra sheets if needed).*

B. Progress to Date and Proximity to Completion: *(Summarize completed work (chapters, experiments, analyses, publications. State what remains and provide an anticipated timetable. Attach extra sheets if needed).*

C. Extension Period Requested: From date: _____ Till: _____

Scholar's Signature: _____ **Supervisor's Signature:** _____

GSC Recommendations: _____

ASRB Decision: _____

Note *(As per policy):*

(Normal MS/MPhil duration: 2 years; Maximum: 4 years while the Ph.D normal duration is 3 years and maximum up to 8 years. Extensions (up to four semesters in case of MS/M.Phil and up to 10 semesters in case of Ph.D) may be granted by ASRB on the Supervisor and GSC recommendation. Exceeding maximum duration results in cancellation of enrollment, as per the University policy).



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