Northrise University

Request to Extend Final Research Project Period

This form should be completed by students who wish to request an extension to the duration for their final Research Project. We undertake that your particulars will be kept confidential and will not be divulged to any third party without your prior consent.

Student Details (please print in CAPITAL LETTERS)

Last Name: _____ Matriculation ID: ☐☐☐☐☐☐☐

First Name: _____ Contact Telephone: _____

Address: _____ Address 2._____

Postal Code: _____ Email: _____

Date of Application: _____ *This form **must** be submitted in **Week 14** and **Week 22** of the Project Timeline by **Undergraduate** and **Postgraduate** students respectively.*

Program Class: ☐ Undergraduate ☐ Postgraduate

Study Group: ☐ DAY ☐ CPS ☐ DEL

Faculty: ☐ NBS ☐ CICT ☐ FOL ☐ FHSS ☐ FOT

Campus: ☐ NDL ☐ SOL

Research Project Extension Details

Current Research Period Dates

Research Project Start Date: (e.g. S1 2016, or P12016) _____ Research Project End Date: _____

Current Project Week (See *Date of Application* above): _____

Supervisor Name: _____ Supervisor ID: _____

Extension Period Requested

Indicate by how many weeks you are requesting this extension: ☐ 1 Week ☐ 2 Weeks ☐ 3 Weeks ☐ 4 Weeks

Note: *There will be a Research Project Extension Fee of **10%** of the total project tuition course cost **per week** charged for extension*
Only a maximum of four weeks is allowed for extension

Final Submission Date: _____ (**Note:** *To be filled in by the Research Supervisor after student has paid the Research Project Extension Fee).*

Please state your reasons for requesting your Research Project completion date to be extended:

Reasons: _____

_____

_____

_____

_____

☐ I understand that the maximum period allowed for extension is four (4) weeks (one month) from the Payment Date of the of this application.

☐ I also understand the associated costs to the extension as laid down by the University.

Signature: _____ Date: _____

Official Use:

To be completed by Research Supervisor

☐ Approved ☐ Not Approved

Remarks: _____

_____

_____

_____

_____

_____

_____

_____

_____

Name: _____ Emp ID: _____

Signature: _____ Date: _____

To be completed by the Head of Faculty

☐ Approved ☐ Not Approved

Remarks: _____

_____

To be completed by Accounts

Amount Paid: _____ Receipt Number: _____

Payment Date: _____

Processed By Name: _____ Emp ID: _____

Signature: _____ Date: _____

To be completed by Registrar

Cleared: ☐ Yes ☐ No

Name: _____ Emp ID:

Signature: _____ Date: _____