

## **CSIR COLLEGE OF SCIENCE AND TECHNOLOGY**

(Accredited by Ghana Tertiary Education Commission and Affiliated to University of Cape Coast)

## APPLICATION OF EXTENSION OF TIME FOR SUBMISSION FORM (MSC/MPHIL)

**INSTRUCTION**: To be submitted together with a Progress Report. It is to be submitted **ONE MONTH** before the end of Second Semester of the Second year.

## TO BE COMPLETED BY STUDENT(IN UPPER CASES AND IN BLACK INK)

| ٩. | ST  | UDENT'S DETAILS  |  |  |
|----|---|--|--|--|
|    | 1.  | Name of Student: Tel:  |  |  |
|    | 2.  | Registration No.:  |  |  |
|    | 3.  | Department:  |  |  |
|    | 4.  | Degree Sought  |  |  |
|    | 5.  | Session and Year of Entry.                                   |  |  |
|    | 6.  | Original Date for Completion:                                |  |  |
|    | 7.  | Period of Extension(please tick (√) the appropriate period): |  |  |
|    |   | Two Months One Semester One Academic Year                    |  |  |
|    | 8.  | Reason(s) for requesting for extension:                      |  |  |
|    |   |  |  |  |
|    |   |  |  |  |
|    |   | Signature of Student   |  |  |
| В. | 3. SUPERVISOR                               |  |  |  |
|    | Name of Principal Supervisor:               |  |  |  |
|    | Name of Co-Principal Supervisor:            |  |  |  |
|    | Supervisor(s) comments and recommendations. |  |  |  |
|    | • • •                                       |  |  |  |
|    | • • •                                       |  |  |  |
|    | • • •                                       |  |  |  |
|    | Sig   | nature of Principal Supervisor's:                            |  |  |
| С. | . HEAD OF DEPARTMENT                        |  |  |  |
|    | Не  | rad of Department's comments and recommendations             |  |  |
|    | •••   |  |  |  |
|    |   |  |  |  |

|  | Signature of Head of Department:    |      |
|--|-------------------------------------|------|
| D. REMARKS BY COLLEGE RESEARCH COMMITTEE |                                     |      |
|  |                                     |      |
|  |                                     |      |
|  |                                     |      |
|  | Signature of Committee Chairperson: | Date |
| E.                                       | AMOUNT DUE: GH¢                     |      |