

Office of the Registrar

Request for Time Extension to Complete MS Thesis



Student Name _____

First

Middle

Last

Student ID Number

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Program _____

Degree _____

Date _____ (mm/dd/year)

Requested Extension date _____ (mm/dd/year)

Will you be completing your requirements on-campus?

YES

NO

Reason for request: State the remaining scope of the work including thesis/dissertation writing and defense. Is this achievable by the end of the semester?

I understand that no additional time or support will be granted by KAUST after this extension.

Approval

Is the student making satisfactory progress?

Yes

No

Projected submission date of Thesis _____ (mm/dd/year)

Advisor: _____ Signature: _____ Date: _____

Dean (or designee's) Signature: _____ Date: _____

Dean of Graduate Affairs Signature: _____ Date: _____

Registrar's Office Use Only

Processed by:

Signature: _____

Date: _____

Student Advised: **YES**

Confirmed by: _____

Date: _____

GPC Advised: **YES**

Confirmed by: _____

Date: _____