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GSGSG/2016/15

APPEAL FOR EXTENSION OF PROPOSAL DEFENSE

SECTION A: TO BE COMPLETED BY THE CANDIDATE

Name:

Matric No.:

Programme:

No. of . Semester:

Tel. No.:

E-Mail:

Mode of Study:*

- () Full-time
() Part-time

Address:

Research Title:

Date of Colloquium:

Proposed date of Proposal Defense:

Reason for extension (use additional paper if necessary):

Signature:

Date:

SECTION B: TO BE COMPLETED BY THE SUPERVISOR (main supervisor only)*

() Recommended

Date:

() Not Recommended

Signature & Stamp

Comment:

SECTION C: APPROVAL BY THE DEAN OF THE GSGSG*

() Approved
Deadline for proposal defense:
.....

() Disapproved

Comment:

Date:

Signature & Stamp:

SECTION D: FOR OFFICE (GSGSG) USE ONLY

Date Received:

Date Processed:

Has been given an extension before:

Signature and Stamp

1st deadline:

2nd deadline:

3rd deadline:

* Tick wherever appropriate