College of Business
Universiti Utara Malaysia

REQUEST TO EXTEND PROPOSAL DEFENCE

To: Director
Postgraduate Studies Unit
College of Business
Universiti Utara Malaysia
06010 Sintok Kedah Darul Aman.

PART I: TO BE COMPLETED BY THE CANDIDATE

Name of Candidate:	Matric No:
Mobile No.:	Current Semester:

E-Mail:

Programme of Study: ☐ Ph.D.   ☐ Master by Research

Proposal Title:

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Reason(s) for extension (please use additional paper if necessary):

Candidate's Signature:	Date:

PART II: TO BE COMPLETED BY THE MAIN SUPERVISOR

I hereby agree/disagree with the candidate's request to extend the defence of his/her proposal based on the following justification.

Recent Research Progress (please justify basis for approval/disapproval):

Proposed date of proposal defence (if agreed): _____

Should the candidate exceed/has exceeded the maximum period allowed to defence his/her proposal, he/she can be terminated from the study.

_____
Signature & Official Stamp   Date: _____

PART III: TO BE COMPLETED BY THE DIRECTOR OF POSTGRADUATE STUDIES UNIT, UUMCOB FOR APPROVAL (BASED ON DECISION OF JIL COB)

I hereby approve/ do not approve the candidate's request to extend the defence of his/her proposal.

_____
  Signature & Official Stamp   Date: _____

FOR OFFICE USE ONLY

Received Date: _____

Processing Date: _____

Signature & Stamp: _____