



## Scholarships Office

### Request for extension of scholarship period (Type 6-O and/or 6-A)

(This is not a request to extend the duration of studies)

- Please type the requested details using this form
- Please fill in all the requested details

**Student's Name:**                      **ID. / Student No:**                      **Cell No. #:**

**Degree:**

**Dept.:**                      **Name of advisor:**

Extended scholarship months requested (No.):                      months

**From** (month and year):                      **Until** (month and year):

**Reasons for request** (a separate letter may be attached):

**Schedule for graduation** (will be determined with the advisor – after consulting the "**Submission of the thesis – before the exam**"):

Submission of thesis draft to advisor:                      Presenting a seminar lecture:

Submission of thesis to the Graduate School:                      Comments:

**Student's Signature:**                      **Advisor's Signature:**

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For the department use only:

### Report of the Graduate Studies Committee

**To:**    Dean of the Graduate School (via the scholarships office)

**From:** Head of the Departmental Graduate Studies Committee (via the secretariat of graduate studies of the academic unit)

**After checking the student's information in accordance to the "request for scholarship extension protocol" (please mark):**

- The students meets / met all the criteria mentioned in the protocol.
- The students doesn't meets / didn't meet all the criteria mentioned in the protocol. A schedule for meeting the criteria to follow (may be attached in a separate document):

**We hereby report regarding the extension of (No.)                      scholarship month (No.)                      portions.**

**From** (month and year):                      **Until** (month and year):

**Date:**                      **Signature:**