

EXTENSION REQUEST FOR

<input type="checkbox"/> CANDIDACY EXAM	<input type="checkbox"/> CREDITS	<input type="checkbox"/> ORAL EXAM
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Extension request for Candidacy Exam : keep in mind that the candidacy exam must be successfully passed (2nd attempt also) at the latest 15 months after enrolment

Full name of the doctoral student	Sciper
Enrolment date	Doctoral Program

THESIS DIRECTOR	THESIS CO-DIRECTOR

REASON(S) FOR EXTENSION REQUEST

Extension requested for: months New deadline :

Is this the first extension request? Yes No
If NO, please provide date and duration of the previous request Date: + months

The financial support for the duration of the extension is assured. Yes No
If NO, please provide a detailed explanation:

FOR APPROVAL - DATE AND SIGNATURES

DOCTORAL STUDENT	THESIS DIRECTOR	THESIS CO-DIRECTOR	PROGRAM DIRECTOR

THIS FORM IS TO BE RETURNED – DULY COMPLETED AND SIGNED
 TO THE ADMINISTRATIVE ASSISTANT OF YOUR DOCTORAL PROGRAM

REMARKS BY THE DOCTORAL SCHOOL

DATE:

SIGNATURE: DR JEROEN VAN HUNEN

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