



SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

REQUEST TO EXTEND DEFENSE OF PROPOSAL

To:
Coordinator MS/PhD Program
Sukkur IBA University

PART I (To be completed by the Candidate)

Name of Candidate: _____ Registration No: _____

Programme of Study:

PhD

MS (Management Science)

Proposal Title:

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

Proposed date of proposal defence: _____

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.

Signature & Official Stamp

Date

PART III (To be completed by the Coordinator MS/PhD for approval)

Comments:

- Approved
- Not Approved

Signature and Stamp: _____ Date: _____

Name: _____

PART IV (To be completed by the Dean/Vice-Chancellor for approval)

Comments:

- Approved
- Not Approved

Signature and Stamp: _____ Date: _____

Name: _____

VERIFICATION BY COORDINATOR OFFICE

Received Date: _____

Processing Date: _____

Signature & Stamp: _____