



REQUEST FORM FOR EXTENSION OF FACULTY SCHOLARSHIP

SECTION A: (To be completed by the Candidate)

Please note that students must attain supervisor signature before submitting form.

Full Name of Candidate: _____ Student ID / Ref. No: _____

Address: _____

Email: _____ Phone No(s): _____

Degree (please circle): **PhD** / **MPHIL**

SECTION B (Please complete relevant request below)

Name of Scholarship: _____

Start and End date of current scholarship: _____ to _____

Extension period requested: **SEMESTER ONE** _____ and / or **SEMESTER TWO** _____
(Year) (Year)

Declaration and Signatures

I understand that this application requires written justification / supporting documentation and have attached the following:

Candidate signature: _____

Date: _____

I am aware of the candidate's reasons for this change and support this application request.

Current Supervisor Name & Signature: _____

Date: _____

SECTION C: APPROVAL (Official use only)

APPROVED / NOT APPROVED (please circle)

Comment: _____

Director / Manager, GSE

Signature / Date

APPROVED / NOT APPROVED (please circle)

Comment: _____

AMME / CBE / CIVIL / EIE / SIT
Director Postgraduate/Research Studies:

Signature / Date