



LADOKE AKINTOLA
UNIVERSITY OF TECHNOLOGY,
OGBOMOSO

THE POSTGRADUATE SCHOOL
EXTENSION OF RESIDENCY FORM

Form
PG 06

*This form must be completed by students who are unable to complete their course at the stipulated time. Students should note that residency period can only be extended for one academic session and this can only be granted once by PGSB. **The form should be completed in quadruplicate***

Session: _____ Semester: _____ Matric No: _____

1. Names in full: _____
(Surname in Caps) (Other Names)

2. Year of Admission: _____ Mode of Study: _____

3. Degree in View: _____

4. Contact Address: _____

5. E-mail Address _____ Phone Number: _____

6. Department: _____ Faculty: _____

7. Degree in View: _____

8. Supervisor(s) 1. _____

2. _____

3. _____

8. Session of first registration for Higher Degree: _____

9. Total Number of Semesters already completed: _____

10. Period for which extension is sought (No. of Semesters): _____

11. Reasons for Extension: _____

Name: _____ Signature & Date: _____

12. Comments of the Head of Department: _____

13. Head of Department: _____ Date: _____

Name & Signature

Comments of the Dean: _____

14. Dean of the Faculty: _____ Date: _____

Name & Signature

15. Extension of Registration approved by the Board of Postgraduate School: Yes/No.

From: _____ to: _____

16. Secretary PGSB: _____ Date: _____

Name & Signature