

KHULNA UNIVERSITY OF ENGINEERING & TECHNOLOGY, KHULNA
Office of the Member-Secretary of
THE COMMITTEE FOR ADVANCED STUDIES & RESEARCH (CASR)

Application form for approval of time extension of M. Sc. Eng./M. Phil/Ph. D
 (All items must be filled up properly)

1. Name of the student: _____
 Status: Part time/full time Roll No: _____ Department: _____
2. Program _____ Date of first enrolment _____ Session: _____
3. Thesis/Project title (approved by CASR) _____

4. Thesis/Project proposal approved by CASR meeting No: _____ Resolution No: _____ held on: _____
5. a) Name of the Supervisor _____ Designation _____
 b) Name of the Joint/Co-Supervisor (if any) _____ Designation _____

6. Academic Progress (Semester wise):

(i) Semester _____ Session _____

Courses registered	Grade

(ii) Semester _____ Session _____

Courses registered	Grade

(iii) Semester _____ Session _____

Courses registered	Grade

(iv) Semester _____ Session _____

Courses registered	Grade

(v) Semester _____ Session _____

Courses registered	Grade

(vi) Semester _____ Session _____

Courses registered	Grade

(vii) Semester _____ Session _____

Courses registered	Grade

(viii) Semester _____ Session _____

Courses registered	Grade

(ix) Semester _____ Session _____

(x) Semester _____ Session _____

Courses registered	Grade

Courses registered	Grade

7. (i) Credits so far earned _____ (ii) CGPA: _____

Signature of the Tabulator

Date: _____

8. (a) Stipulated time expiry on: _____

(b) Time was extended earlier (if any): _____

(c) Application for extension of time up to: _____

9. Justification for extension of time by the student:

Signature of the Student

Date: _____

10. Comments of the Supervisor:

Signature of the Supervisor

Date: _____

11. Comments of the Head of the Department:

Signature of the Head

Date: _____