

MAKERERE

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DIRECTORATE OF RESEARCH AND GRADUATE TRAINING

APPLICATION FOR WITHDRAWAL AND EXTENSION OF REGISTRATION

NOTE: Please fill in triplicate and submit to the Supervisor who should endorse with comments and pass it on to the Head of Department for discussion by the departmental committee and returned to the Directorate of Research and Graduate Training for Board's Decision. The application should be made at least two months before the expiry of registration.

SECTION A (for student)

1. Name..... Reg.No.....
2. Degree registered for (full-time or part-time)
3. Department
4. Sponsor
5. Field of Study (Programme)
6. Date of approval of research proposal
7. Date of expiry of registration
8. Date of last progress report
9. Period of withdrawal requested
10. Period of extension applied for
11. Reason for the extension (use separate sheet if necessary).....
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.....
12. State whether all fees due to the university have been paid (Yes/No)
If yes, State amount paid
- If no, give reason and state the amount due
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I certify that the fees that may be required for the extension will be paid by

On (state date)

Signature:..... Date:.....



Section B (for Supervisors)

State whether the reasons given in No.11 above are correct and give your comments and proposals

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Name Signature.....Date.....

Section C (for departments)

Comments and Recommendations by the Departments.....

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Signature..... Date.....

Section D (by the School Higher Degrees Committee)

Comments and recommendations at the meeting held on

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Extension period recommendedw.c.f.....

Dean's/Director's signatureDate & Stamp.....