



Request for extension of internal mission

Filled out by the scholarship recipient

name of the scholarship recipient	
Civil Registry	
University to which the student is sent	
Scholarship degree	
specialty	
Student number at the university to which he is sent	
Program registration date 20..AD/ 14... AH	At the beginning of the semester: <input type="checkbox"/> First <input type="checkbox"/> second <input type="checkbox"/> third
Duration of study of the program according to acceptance	Tuition fees for the current year
Study path in the program	<input type="checkbox"/> courses and thesis <input type="checkbox"/> thesis only <input type="checkbox"/> courses only
The subject of the thesis	
Is the topic of the thesis compatible with the time plan for its completion: <input type="checkbox"/> Yes <input type="checkbox"/> No	If the answer is (No), please state the reasons
Number of classes postponed	starting from .../.../...20 AD
Justifications	until .../.../...20 AD
End date of the regulatory period excluding postponement	... /.../...20AD
Extension request <input type="checkbox"/> First request <input type="checkbox"/> Second request <input type="checkbox"/> other requests.....	
Extension period..... Starting from ... /.../...20AD	
The department affiliated to it at Imam Abdulrahman bin Faisal University	
College	

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Filled out by the academic supervisor	
percentage of completion	<input type="checkbox"/> of courses...% <input type="checkbox"/> of thesis...%
The expected date of submission of the thesis	... /.../...20AD
The expected date of discussion of the thesis	... /.../...20AD
Extension period..... starting from .../ .../ ...20 AD until .../.../ ...20 AD	

Academic performance			
Completed stage	Yes	No	Completion rate %
Critical evaluation of academic studies (previous studies)			
Research Methodology			
Data collection / experimental or fieldwork			
Data analysis and presentation			
Discussing the data after analysis and interpreting the results			
Rewording/Revising Draft/Final Stage			

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جامعة الإمام عبد الرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY
— عمادة الدراسات العليا —
Deanship of Graduate Studies

Justifications for the request:

.....
.....
.....

Recommendation

Approval

Disapproval

General notes on the scholarship student's performance:

.....
.....
.....

Advisor's Name

Email

Date .../.../...AH

Seal

Signature:

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