

**KWAME NKURUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY  
SCHOOL OF GRADUATE STUDIES (SGS)**

**APPLICATION FOR EXTENSION OF TIME FOR POSTGRADUATE  
DIPLOMA, MASTER'S AND DOCTORATE DEGREE CANDIDATES**

**Tel:** .....

**A. CANDIDATE**

- i. Name of Candidate: .....
- ii. Department/Faculty: .....
- iii. Degree: .....
- iv. Admission Year: ..... Student ID.: .....
- Index No.: .....
- v. Original Date of Completion:.....
- vi. Reasons for requesting extension:.....

.....

Date Signature of Candidate

**B. SUPERVISOR**

- i. Name of Supervisor:.....
- ii. Supervisor's comments and recommendations: .....
- .....
- .....

.....

Date Signature of Supervisor

**C. HEAD OF DEPARTMENT**

Head of Department's comments and recommendations:.....

.....

.....

.....

Date Signature of Head of Department

**D. DEAN, (SGS)**

**Dean's Approval:** .....

.....

.....

Date Signature of Dean, (SGS)

**E. ADMINISTRATIVE OFFICE (SGS)**

Amount Due: GH¢.....

Name of Officer: .....

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

**F. ACCOUNTS OFFICE (SGS)**

Amount Received: GH¢.....

Receipt No.: .....

Name of A/c Officer: .....

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

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY  
SCHOOL OF GRADUATE STUDIES**

**PROGRESS REPORT ON POSTGRADUATE DIPLOMA, MASTERS AND DOCTORATE DEGREE CANDIDATES  
TO BE COMPLETED BY SUPERVISOR**

- A. i. Name of Candidate: .....
- ii. Department/Faculty: .....
- iii. Degree: .....
- iv. Year of Entry: .....
- v. Estimated Date of Submission of Thesis .....

**B. EVALUATION OF CANDIDATE'S RESEARCH ABILITIES**

	Excellent	Very Good	Good	Fair	Poor
Experimental Skill					
Creative Abilities					
Independence					
Responsiveness to criticism/advice					
Persistence/Determination					
Approach to problem solving					

**C. PROPORTION OF WORK DONE**

(Please check at the appropriate places)

	Proportion of Work Completed			
	Quarter	Half	Three-quarters	Full
Experimental Work/Field Work				
Literature Review				
Analysis of Data				
Write-up				

**D. ANY OTHER COMMENTS**

.....

.....

.....

.....

.....

.....

.....

.....

.....  
Date

.....  
Signature of Supervisor