



الجامعة الإسلامية العالمية ماليزيا
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA
يُونِيسْتِي اِسْلَامِي اِنْتَار اَبْحَسَا مِلْدَسِيَا

EXTENSION OF STUDY LEAVE PERIOD

SECTION A: (STAFF INFORMATION)

Name : _____

Staff ID: _____ Telephone: _____ Email: _____

Department / Kulliyah: _____

Postal Address: _____

SECTION B: (STUDY LEAVE INFORMATION)

Course: _____ Mode of study: _____

Duration of study: _____ Period of study: _____

University: _____

SECTION C: (EXTENSION'S INFORMATION)

**Master = 3 months per extension / PhD = 6 months per extension*

*** Please attach gantt chart.*

**** Completion of the course means when the academic staff / academic trainee is being conferred the degree.*

I would like to apply for _____ extension as I require additional time for: -

<input type="checkbox"/>	Data collection and analysis - _____%
<input type="checkbox"/>	Thesis writing - _____%
<input type="checkbox"/>	Submission of thesis writing Date: _____ <i>Please attach a copy of certification of submission of thesis letter from your University</i>
<input type="checkbox"/>	Examination / Viva Date: _____
<input type="checkbox"/>	Thesis correction Date: _____
<input type="checkbox"/>	Waiting Senate endorsement Date: _____
<input type="checkbox"/>	Other: _____

Signature

Date

SECTION D: (SUPERVISOR'S RECOMMENDATION)

I hereby recommend / did not recommend the application.

Progress of studies: _____

Signature & Stamp

Date

SECTION E: (HEAD OF DEPARTMENT'S RECOMMENDATION)

I hereby recommend / did not recommend the application.

Remarks: _____

Signature & Stamp

Date

SECTION F: (DEAN'S RECOMMENDATION)

I hereby recommend / did not recommend the application.

Remarks: _____

Signature & Stamp

Date