

Title	SOP for Extension of Study Period (Clinical Programme)
Endorsement	KPGC 8/2025
Version No	2
Effective Date	1 October 2025

Responsibility	Flowchart	Remarks
<div>Department</div> <div>PG Office</div>	<pre> graph TD     Start([Start]) --&gt; Received[Received application form]     Received --&gt; Decision{Decision}     Decision -- No --&gt; Fill{Fill up final decision in the form}     Decision -- Yes --&gt; Fill     Fill -- No --&gt; Decision     Fill -- Yes --&gt; Transfer[Transfer in the UCPS report template]     Transfer --&gt; End([End])         </pre>	<p>Check:</p> <ul style="list-style-type: none"> <li>Type of appeal (beyond normal / maximum)</li> <li>Candidature status</li> <li>Reason of appeal</li> <li>Intended semester</li> <li>To apply during their 8<sup>th</sup> semester</li> </ul> <p>Decide whether to recommended or not based on the reason provided by applicant</p> <p>Extension Beyond Normal Study Period Form (Appendix)</p> <p>Table in the KPGC meeting</p> <ul style="list-style-type: none"> <li>Fill up the final decision in the form</li> <li>Transfer the informative from the forms to template UCPS</li> </ul>

### APPEAL FOR EXTENSION BEYOND NORMAL STUDY PERIOD

Semester  Session  /

Semester  Session  /

**REMINDER:** Appeal for extension should be submitted to the Kulliyah/Institute, one (1) month before the normal study period ended. Registration of course for the extension period to be done by CPS after UCPS approval.

Section A : Student's Information (to be filled by the student)		
Name:		Matric No.:
Kulliyah :		Total Credit hours Completed:
Programme :	Mode of Programme:	Study Status:
Email :	Contact No:	Latest CGPA:

MASTER – ELIGIBLE FOR TWO (2) SEMESTERS OF EXTENSION. PHD – FULL-TIME (6 SEMESTERS). PART-TIME (4 SEMESTERS)

CANDIDATE'S ACKNOWLEDGEMENT	
This appeal is subject to the recommendation from Kulliyah Postgraduate Committee (KPGC) and approval from the University Committee for Postgraduate Studies (UCPS).	
Date:	Signature:

SECTION B: HEAD OF DEPARTMENT (KULLIYAH) - Recommendation	
The candidate has met all the requirements stipulated in the PG Regulations. Therefore, the department decided to <b>*RECOMMEND/NOT RECOMMEND</b> his/her appeal.	
Date:	Signature & Stamp:

SECTION C: DEPUTY DEAN (POSTGRADUATE & RESEARCH)/DEPUTY DIRECTOR OF KULLIYAH/INSTITUTE - Recommendation	
Based on the department recommendation (if any), Kulliyah/Institute in its KPGC meeting No. ( ) held on ( ) decided to <b>*RECOMMEND/NOT RECOMMEND</b> this appeal for UCPS consideration and approval.	
Date:	Signature & Stamp: