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

| Responsibility | Flowchart | Remarks |
|--|---|---|
| <div>Department</div> <div>PG Office</div> | <pre> graph TD Start([Start]) --> Received[Received application form] Received --> Decision{Decision} Decision -- No --> Fill{Fill up final decision in the form} Decision -- Yes --> Fill Fill -- No --> Received Fill -- Yes --> Transfer[Transfer in the UCPS report template] Transfer --> End([End]) </pre> | <p>Check:</p> <ul style="list-style-type: none"> Type of appeal (beyond normal / maximum) Candidature status Reason of appeal Intended semester <p>Documents:</p> <ul style="list-style-type: none"> Justification letter with support from supervisor Gantt Chart Submit 1 month before, at the final semester of normal study period <div>Decide whether to recommended or not based on the reason provided by applicant</div> <div>Extension Beyond Normal Study Period Form (Appendix)</div> <div>Table in the KPGC meeting</div> <ul style="list-style-type: none"> Fill up the final decision in the form Transfer the informative from the forms to template UCPS |

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 | |
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| 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 *RECOMMEND/NOT RECOMMEND 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 *RECOMMEND/NOT RECOMMEND this appeal for UCPS consideration and approval. | |
| Date: | Signature & Stamp: |