

UNIVERSITY OF MALTA
FACULTY OF INFORMATION AND COMMUNICATION TECHNOLOGY
DEPARTMENT OF

Request for an Extension of Studies

| | | |
|---|------------|-----------|
| IS THIS THE FIRST REQUEST FOR AN EXTENSION OF STUDIES? | YES | NO |
|---|------------|-----------|

| | |
|-------------------------------------|--|
| Student's Name & Surname | |
| I.D. Card Number | |
| Title of Thesis | |

| | |
|-----------------------------------|-------------|
| Amount of period requested | |
| Reason for extension | |
| | |
| | |
| Signature of student | Date |

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Request for an Extension of Studies

| Recommendation of Supervisor | | |
|---|--------------------------------|-------------|
| | | |
| | | |
| Name & Surname of Supervisor | Signature of Supervisor | Date |

| Recommendation from the ICT Faculty Doctoral Committee | |
|--|-------------|
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| | |
| Signature of Faculty Doctoral Chairperson | Date |