

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

Amount of period requested	
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Reason for extension

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Signature of student	Date
Recommendation of Supervisor	

DEPARTMENT OF

Request for an Extension of Studies

Name & Surname of Supervisor	Signature of Supervisor	Date

Recommendation from the ICT Faculty Doctoral Committee	
Signature of Faculty Doctoral Chairperson <i>Professor Johann A. Briffa</i>	Date