

## **Academic Extension**

The maximum duration of the Ph.D program of a student in the Civil Engineering department is as follows,

- 1) Students with masters degree in engineering:       6 years
  
- 2) Students with, a) bachelors degree in science or engineering (4-year program) or, b) masters degree in science:       7 years

Students not completing the program in the stipulated time must apply for academic extension in the prescribed form (appended below).

Application for academic extension must be submitted in response to a call of such application made by DOAA.

---

### **(Section 7.2 of the PG Manual)**

1. No student who has completed the prescribed maximum duration in the programme shall be allowed to register in the subsequent semester unless he/she has been granted extension of the programme by the Senate on the recommendations of the DPGC and the SPGC.

2. However, those Ph.D. students who have submitted their theses and are waiting for the defense will be treated automatically as registered unless they apply for leave.

---

**REQUEST FOR ACADEMIC EXTENSION OF POST GRADUATE STUDENTS**

(This portion to be filled by the student)

1. Name .....
2. Roll No. ....
3. Department/Programme .....
4. Present status of the thesis (give details)

5. Are you applying for extension for the first time? Yes / No

If Yes,

Give reasons for the non-completion of the programme. The reasons should be very specific and in detail. If necessary, use the back of this sheet. Also mention the likely schedule of the completion of your thesis.

(Signature of Student)

If No,

Clearly specify the progress you have made, since last extension and reasons for deviation from the schedule that you mentioned in your last extension

Dated: .....

(Signature of Student)

---

(This portion to be filled by Thesis Supervisor)

- (i) Give your comments on the reasons given by the student for not completing the programme and on the likely schedule of the completion of the thesis as mentioned by the student.

- (ii) Academic extension recommended / not recommended.

Dated: .....

(Signature of Supervisor)

---

(This portion to be filled by Convener, DPGC of the Department)

Give specific recommendations of DPGC.

(Convener, DPGC)