



WRITING EXTENSION REQUEST FORM

Thesis Non Thesis

Name : _____

NIM : _____

Major : _____

Address/Tel : _____

Commencement date of writing the Thesis :

Semester : _____ Academic Year 20____ / 20____

Title of the Thesis/Non Thesis:

Reasons for Extension:

Jakarta, _____ 20 ____

Student's Name & Signature

Approved By:

Head, Thesis Committee	Thesis Advisor	Head of Undergraduate Programme
------------------------	----------------	---------------------------------

Requirements :

1. Has filled-up Thesis Writing Counseling Form.
2. Has submitted a photocopy of Provisionary Transcript.
3. Has been registered in study card.
4. Has completed all payment requirements.