



ALLAMA IQBAL OPEN UNIVERSITY, ISLAMABAD
(Department of Commerce)

APPLICATION FOR EXTENSION

M.COM RESEARCH PROJECT (8566)

(To be filled in by the student)

Name of Student _____

Roll No. _____ Registration No. _____

Semester (*Research Project Enrolment*) _____

Research Project Topic: _____

Name of Study Centre: _____

No. of Extension: First Second Third Fourth

Extension Fee Deposited: (Rs. _____) Bank Challan No. _____ Dated _____

Reason of Late Submission/Extension:

Date _____

Signature _____

Contact No. _____

Name _____

(To be filled in by the Supervisor)

Project Work Completion Percentage: Time Required to Complete & Submit: _____

Comments & Recommendation of Supervisor:

Date _____

Signature _____

Name _____

(To be filled in by the Head of Study Centre)

Comments & Recommendation of Head:

Name & Designation _____

Contact No _____

Signature & Stamp _____

Date _____