



**UNIVERSITY OF EASTERN AFRICA, BARATON
CHARTERED LEGAL NOTICE No. 111, 1991**

Graduate Studies

EXTENSION OF DEFERRED GRADE REQUEST FORM

(to be filled in triplicate)

NOTE: Extension of deferred grade is applied for by the student if he/she fails to complete the major class requirement within one academic year. Application for extension can be made only once.

STUDENT'S NAME _____ **UEAB ID No.** _____

COURSE FOR WHICH EXTENSION OF DEFERRED GRADE IS APPLIED

Course Code	Course Title	Credits	Trimester taken	Academic Year

REASON FOR REQUEST FOR EXTENSION

LECTURER	Name	Signature	Date

ENDORSEMENT OF REQUEST FOR EXTENSION

CHAIRPERSON	Name	Signature	Date

SCHOOL DEAN	Name	Signature	Date

FOR OFFICIAL USE	
BOARD OF GRADUATE STUDIES ACTION:	
Action Number _____	Date _____
Deferred Grade is extended until _____	
Signature of Graduate Studies Director _____	Date and Stamp _____
Signature of Registrar _____	Date and Stamp _____