

UNIVERSITY OF KELANIYA

REQUEST FOR THE EXTENSION OF RESEARCH PERIOD

Name of the Grantee :-.....

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Faculty:-

Department :-

Title of project :-

.....

Date of commencement :-.....

Proposed duration :-

Duration of extension period :

From:...

To:

Reason for the extension :-

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Signature

Date

Recommendation of the Head of the Department: Recommended/Not recommended

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If not recommended, give reasons :

Recommendation of the Dean of the Faculty: Recommended/Not recommended

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If not recommended, give reasons :