## Request for an Extension of Proposal Defense

I (Mr. / Mrs./ Ms. )		ID number	
Level: ☐ MA ☐ PhD defense because:			I would like to extend my proposal
			forterms
from trimesterto	trimester		
Sincerely yours			
			(Signature)
	(		)
	Date	2	
Academic Advisor		Chair,	School of Foreign Languages
Approve Comments			Disapprove
	Signature		Signature
Academic	Advisor	Chair,	School of Foreign Languages
Date		Date	
The Institute committee	at a meeting	Dat	te
☐ Approved			
☐ Disapproved	d because		
			Signature
	(Dean, Institute	of Social Teah	
	(Dean, msmute)	n bociai Tecilii	iology)