

ASSAM AGRICULTURAL UNIVERSITY

Faculty: _____

College.....

**FORM OF APPLICATION FOR CONTINUATION OF POST GRADUATE PROGRAMME
BEYOND THE PRESCRIBED LIMIT**

To
The Director, Post-Graduate Studies
Assam Agricultural University,
Jorhat – 785 013

(Through the Major Adviser)

Sir,

I, Sri _____, a student of _____ programme majoring in _____ could not complete my programme within the prescribed minimum period due to _____.

I do hereby request you kindly to allow me to continue in the next Semester commencing from _____.

Signature of the student
Roll No. _____

Recommendation of -

1. Major Adviser (Cite specific reasons):

Signature of Major Adviser.....

2. Head of the Department:

Signature of Head of the Department.....

Allowed/Not Allowed

Signature of DPGS
Assam Agricultural University
Jorhat/Khanapara