**APPLICATION FOR EXTENSION OF AWARD**

### A. Instructions
1. All the required information must be filled completely by the applicant.
2. All required documents/evidence must be attached.
3. Incomplete applications will not be considered by TSLB.
4. Duly complete form must be hand-delivered to a TSLB office nearest to you. Forms submitted by emails will not be considered.

### B. PERSONAL DETAILS

<table>
<thead>
<tr>
<th>TIN:</th>
<th>Student ID No:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surname:</strong></td>
<td><strong>First Name:</strong></td>
</tr>
<tr>
<td><strong>Other Name(s):</strong></td>
<td><strong>Email Address:</strong></td>
</tr>
<tr>
<td><strong>Phone Contact:</strong></td>
<td><strong>Institution Name:</strong></td>
</tr>
<tr>
<td><strong>Campus Name:</strong></td>
<td><strong>Current Program of Study:</strong></td>
</tr>
<tr>
<td><strong>Current Major(s)/Minor:</strong></td>
<td><strong>TSLB Scheme Name:</strong></td>
</tr>
</tbody>
</table>

**Year of Commencement under TSLB Scheme:**

**Term of Commencement under TSLB Scheme:**

### C. PARTICULARS OF CHANGE

<table>
<thead>
<tr>
<th>No: Of Courses/Units in the Program</th>
<th>No: Of Courses Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period Till which extension is requested</td>
<td></td>
</tr>
</tbody>
</table>

### D. MANDATORY DOCUMENTS TO ATTACH

(Please tick the documents attached with this application)

1. Full Academic Transcript
2. Program Audit Certificate
3. Program Outline for the remaining courses/units (Year and Term in which these will be offered)
4. Letter explaining the reason(s) for not completing the program within the sponsored duration.

### E. STUDENT DECLARATION

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scheme And can result in the termination of the award. TSLB reserves the right to seek any additional information.

**Applicants Name:**

**Applicants Signature:**

**Date**

### F. For Office Use Only

The application has been approved ___________  NO ___________

**Condition(s) for Approved Extension (Cross off whichever is not applicable)**

1. Extension is Granted for one academic term only (Immediate term after the approval date
2. Any further extension(s) is/are subject to (i) student achieving 100% pass in the approved extension academic term and (ii) the possibility of the student completing the program within 1 academic year from the initial academic term for which extension is granted.
3. Student to be placed on probation and if results do not improve, award may be suspended/terminated.
4. Extension is for Tuition only.
5. Extension is on Tuition and allowances both
6. Special Condition(s) (TSLB Staff to Specify)............................................................................................................................................................................................................................................................

**TSLB Officer:** ____________________________  **Date:** ____________________________

**Manager Students Services:** ____________________________  **Date:** ____________________________

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Version 1 of 2019