**Request for extension of scholarship period (Type 6-O and/or 6-A)**

(A request to extend the duration extension of studies, without scholarship, must be submitted through "[Request for extension of studies](https://graduate.technion.ac.il/wp-content/uploads/2025/06/Request-for-extension-of-studies.docx)”)

* **Request for extension due to reserve service Yes / No (please mark)**
* Please type the requested details using this form
* Please fill in all the requested details

**Student's Name**:        **ID. / Student No:**       **Cell No. #:**

**Degree:**

**Dept.:**       **Name of advisor:**

Extended scholarship months requested (No.):       months

**From** (month and year)**:**       **Until** (month and year):

**Reasons for request** (a separate letter may be attached):

**Schedule for graduation (will be determined with the advisor – after consulting the "**[**Submission of the thesis – before the exam**](https://graduate.technion.ac.il/en/thesis-submission-instructions/)**"):**

Submission of thesis draft to advisor:       Presenting a seminar lecture:

Submission of thesis to the Graduate School:       Comments:

**Student's Signature:**       **Advisor's Signature**:

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For the department use only:

**Report of the Graduate Studies Committee**

**To:** Dean of the Graduate School (via the scholarships office)

**From:** Head of the Departmental Graduate Studies Committee (via the secretariat of graduate studies of the academic unit)

**After checking the student's information in accordance to the "request for scholarship extension protocol" (please** **mark):**

[ ]  The students meets / met all the criteria mentioned in the protocol.

[ ]  The students doesn't meets / didn't meet all the criteria mentioned in the protocol. A schedule for meeting the criteria to follow (may be attached in a separate document):

**We hereby report regarding the extension of (No.)** **scholarship month (No.)       portions.**

**From (month and year):       Until (month and year:**

**Date:**       **Signature:**