**Request for extraordinary extension of scholarship period (Type 6-B)**

(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)”)

**Please note**: during the extension period of a B scholarship, employment of any kind, at Technion or elsewhere, is strictly prohibited, including as a teaching assistant at the Office for Academic Staff at Technion, unless specifically approved by the Dean of the Graduate School.

* **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):

**Please attach the following document to this form:**

1. A request letter from the student that includes a detailed plan for graduation, on a monthly level.
2. A letter from the advisor **regarding the realism of the program detailed in the student's request and the student's ability to meet it.**
3. Recommendation of the Head of the Departmental Graduate Studies Committee, **with reference to the student's request and the advisor's letter**.

**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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**Recommendation of the Graduate Committee**

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

**From:** Head of the Departmental Graduate Studies Committee

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

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

**Comments:**      

**Date:**       **Signature:**