**Application of Extension of Duration of Study**

**延长学习时间申请表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Student No.** |  | **Class** |  |
| **College** |  | **Major** |  | Target Class |  |
| **Mobile phone** |  | **Email** |  |
| **Credits** | Required Credits: ；Obtained Credits: ；Lacked credits:  |
| **Requirements** | Students should handle the formalities within 2 weeks after semester begins. Students who fail in finishing the formalities before the deadline will be ordered to quit schooling according to Article 32 of *Regulations on Student Status of Undergraduate Students of NUAA*. |
| Financial Department: StampYear Month Day | IC Card Office:   Stamp Year Month Day |

|  |
| --- |
| **Personal Study Plan** Personal Study Plan should give priority to retaking failed courses. Total credits of one academic year should be less than 50 credits. |
| 20 —20 Academic Year Semester | 20 —20 Academic Year Semester |
| Courses | Type of Course | Credits | Courses | Type of Course | Credits |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total credits |  | Total credits |  |
| In the duration of extension of study, students will be assessed according to personal study plan. If the obtained credits are up to 70%, the students are regarded as passing the assessment; otherwise, it means students fail in the assessment and should quit schooling.I understand the above mentioned requirements and obey it strictly.  Signature ： Year Month Day |
| Parent Opinion | I have already known the regulations about extension, and agree to the above study plan and will carry out according to the plan. Parent Signature：  Year Month Day |
| Confirmation of Parent Opinion | Parents already have known about the extension condition and requirements of student.Coordinator's signature： Year Month Day |
| College Opinion | Approve the listed personal plan and will supervise and urge students to study hard.Academic Deputy Dean's signature： Deputy Secretary Signature: Year Month Day |

Note: The original form should be hand in to college academic teacher, and three copies should be kept by academic department, coordinator and student yourself.