

Application Form for Extension of Study Period at CAUP, Tongji

Family Name		First Name(s)	
Date of Birth		Nationality	
Mobile Phone (China)		E-Mail	
Home University		Student No. (Tongji)	
Major	Architecture Urban Planning Landscape	Tongji Supervisor (Dual Master Students ONLY)	
Extension Period	from _____(d) _____(m) _____(y) to _____(d) _____(m) _____(y)		
Main Reasons for Application <div style="text-align: right;">Signature: (Applicant) Date:</div>			
Home University's Comments Agree Disagree <div style="text-align: right;">Signature&Seal: Date:</div>			
Supervisor (CAUP, Tongji)'s Comments (Dual Master Students ONLY) Agree Disagree <div style="text-align: right;">Signature: Date:</div>			
Program Director (CAUP, Tongji)'s Comments (Dual Master Students ONLY) Agree Disagree <div style="text-align: right;">Signature: Date:</div>			
Director of International Cooperation Office (CAUP, Tongji)'s Comments Agree Disagree <div style="text-align: right;">Signature: Seal: Date:</div>			

Enclosed:

Motivation Letter for Extension of Study Period at Tongji University

To Whom it may concern,

Yours sincerely,

(Signature)