

 …/…./20..

**To the MIDDLE EAST TECHNICAL UNIVERSITY**

**Directorate/ Department /Office of ………. ……….**

I have been working since ……. under DOSAP-C with one of the faculty members of the ………………department, XXXXX, as my advisor. My appointment period will come to an end on .........(date). However, I have not been able to complete the research activities I have projected in the work plan. Therefore, I kindly request my DOSAP-C appointment period be extended until ...........(date).

I kindly request the initiation of the necessary correspondence to extend my DOSAP-C appointment until ...... (date).

Sincerely.

Full Name

Signature

**Academic Advisor**

Full Name

**APPROVED**

Signature