

PLAN OF STUDY

*THIS REQUEST MUST BE SUBMITTED BY THE STUDENT USING A SERVICE REQUEST (PLAN OF STUDY) VIA [UOZONE](#) ACCOUNT.

STUDENT IDENTIFICATION		
SURNAME	GIVEN NAMES	STUDENT NUMBER
EMAIL	PROGRAM OF STUDY	NAME OF SUPERVISOR
THESIS TITLE		

The plan that you submit below must include the remaining requirements (if any) and describe the current state of your thesis (number of chapters completed and approved by your supervisor, number of chapters remaining and stage they are at, etc.), outline the proposed action plan and dates for completion of remaining work. Please provide as much detail as possible. If you need more space, attach a separate sheet of paper.

Action plan	Planned completion date

Action plan	Planned completion date

IF REQUESTING AN EXTENSION TO THE TIME LIMIT (please explain, in the box below, any special circumstances that had an impact on your progress and completion of your program)

Once submitted via service request, your plan of study will need to be approved by your supervisor (co-supervisor if applicable) and the program director.