

Application for Extension of the Submission Deadline for the

Bachelor's Thesis

Master's Thesis

Personal Information:

Name: _____ First Name: _____ Student ID Number: _____

E-Mail: _____ Semester: _____

I hereby apply for an extension of the submission deadline for my thesis.

Adhering to the submission deadline of _____ for my thesis titled

with Professor _____

is not possible for me due to the following reasons:

Medical Certificate Other personal reasons

I apply for an extension of the submission deadline by _____ days/weeks.

The new submission day would thus be _____

Date

Signature of Student

Statement of Professor

I support the application.

I recommend rejecting the application.

Date

Signature of Professor

Extension of Submission Deadline

The submission deadline is extended.
New submission day:

The submission deadline is not extended.

Date

Signature of the Head of Examination Committee