

## Application to extend the deadline for the Bachelor's / Master's thesis

### Student

Registration number	
Family name, given name	
E-mail (stu-mail)	
Degree program	
Submission date	

Bachelor's thesis
  Master's thesis

I request an extension of the processing time according to the enclosed doctor's note.

I request an extension of the processing time by \_\_\_\_\_

Reason:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the student

### Statement of the supervisor (professor)

(This statement is not required if a doctor's note is submitted).

I support the application.

I recommend that the application be denied for the following reason:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the supervisor

### Chairperson of the Examination Board

I agree with the extension of the processing time.

**New submission date:**

The application for an extension of the processing time is rejected.

Reason:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the chairperson of the examination board