

Student

Last name, first name: _____

Immatriculation number: _____

Final thesis: Bachelor thesis Master thesis

Topic of the thesis: _____

First Examiner: _____

Reason for extension: _____

Loss of time: _____ (max. 4 weeks)

Date

Signature of student

First examiner

I confirm the presented facts and support the application.

Date

Signature of the first examiner

Stamp

Examination Office

The processing time is extended by _____ days.

New submission date: _____

Date

Signature

Stamp