



Application for Extension of Submission Deadline for Master's Thesis

Name: _____ First Name: _____
Date of Birth: _____ Semester: _____
Student ID: _____ Study Course: DSE

Advisor: _____
Start Date: _____
End Date: _____
Duration of Extension: _____ (max. 12 weeks)
New End Date: _____

Explanation for Extension:

Student's signature: _____ Advisor's signature: _____

This application has to be submitted to the examination office in time; a copy of the thesis topic is to be concluded.

Confirmation of the examination office:

Date

Signature of the examination office

Decision of the Examination Board:

The application for extension is / is not approved.

Date

Signature of the examination board