

# Thesis extension request

Bachelor's program  Master's program

➔ You will receive an email informing you if your request has been approved. This information is also available in PSSO.

Chairperson of the  
Examination Board  
Steinmüllerallee 1  
51643 Gummersbach

First/last name: \_\_\_\_\_

Student ID no.: \_\_\_\_\_

Degree program: \_\_\_\_\_

I hereby request that the submission deadline for my Bachelor's/Master's thesis be extended by \_\_\_\_\_ days/weeks.

(Max. extension period: 4 weeks. Exceptions: Master's programs AIT and PPE: max. 6 weeks)

Original deadline: \_\_\_\_\_

Reasons for extension (Enclose medical certificate if extension is requested for health reasons):

Gummersbach, \_\_\_\_\_ Signature: \_\_\_\_\_

Remark of thesis advisor (not applicable if extension is requested for health reasons):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (date)

\_\_\_\_\_ (signature of thesis advisor)

Deadline extended by \_\_\_\_\_ days/weeks.

\_\_\_\_\_ (date)

\_\_\_\_\_ (signature of the Chairperson of the Examination Board)

New deadline: \_\_\_\_\_

\_\_\_\_\_ (date)

\_\_\_\_\_ (signature of Student and Examination Services)