Extension Application  Student Research Project Bachelor Thesis Master-Thesis	ſſ
	nded for good cause without fault as follows:
Student Research Project:	3 weeks (full-time study), 5 weeks (part-time study)
Bachelor-Thesis:	3 weeks (full-time study), 5 weeks (part-time study)
Master-Thesis:	4 weeks (full-time study), 6 weeks (part-time study)
Name, First Name:	
Matriculation No.:	
Study programme:	
Work Topic:	
Supervisor from the University:	
Name of supervising person from company (if applicable):	the
Topic submitted on:	
Regular submission date:	
Extension Application from (Date)	):
Reason for Extension (please submit proof):	
Extension approved until (Date):	<u></u>
(to be filled by examination office Extension approved by examination office (Signature, Stamp):	
• •	
Date, Signature Student	Date, Signature Supervising Lecturer