Thesis extension request

☐ Bachelor's program ☐ Master's program

Technology
Arts Sciences
TH Köln

(You will be notified of the approval by email)

Chairperson of the
Examination Board
Steinmüllerallee 1
51643 Gummersbach

Name _____

Student ID: _____

Degree program: _____

I hereby request an extension of the deadline for my thesis by _____ days/weeks.

(Please note the maximum possible extension period, which is specified in the examination regulations)

Original deadline: _____

Reasons for extension (Medical certificate must be enclosed if extension is requested due to health reasons):

_____

_____

Gummersbach, _____ Signature: _____

Supervisor's comments (not applicable if extension is requested due to health reasons):

_____

_____

_____ _____
(date) (signature of thesis advisor)

To be completed by
Technische Hochschule Köln
(University of Applied Sciences)

Deadline extended by _____days/weeks.

_____ _____
(date) (signature of the Chairperson of the Examination Board)

New deadline: _____

_____ _____
(date) (signature of Student and Examination Services)