

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; Digital Sciences max. 2 weeks)

Original deadline: _____

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

Gummersbach/Cologne, _____ 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)