

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 from PSSO.

Chairperson of the
Examination Board
Steinmüllerallee 1
51643 Gummersbach

Name _____

Student ID: _____

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 (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)

Deadline extended by _____ days/weeks.

_____ (date)

_____ (signature of the Chairperson of the Examination Board)

New deadline: _____

_____ (date)

_____ (signature of Student and Examination Services)