



**Application for Extension of Submission Deadline for Master's Thesis
(DSE)**

Name: _____ First Name: _____
Date of Birth: _____ Semester: _____
Student ID: _____ Program: DSE

Supervisor: _____

Start date: _____

Submission deadline (original): _____

Duration of Extension: **max. 13 weeks**

Renewal submission deadline: _____

Explanation for Extension: _____

Confirmation by Supervisor: _____

This application has to be submitted in time to the examination office SCIS;
a copy of the thesis topic is to be concluded.

Date

Signature of SCIS

Decision by Examination Board:

The application for extension is / is not approved.

Date

Signature
of Examination Board