



TECHNISCHE
UNIVERSITÄT
DARMSTADT

Application for Extension of Processing Time

of

Bachelor Thesis

Master Thesis

Surname, First name

Matr.-No.

I will not be able to submit my thesis advised by Professor:

with the following title:

before the submission deadline:

Reason for request of an extension:

I am applying for an extension of processing time for _____ days / weeks.

Resulting extended submission date: _____.

date

signature

Statement of the advising professor:

☐ I am supporting the request.

☐ I am declining the request.

date

signature

Decision of the chair of the exams commission:

☐ The deadline will be extended.

☐ The deadline will NOT be extended.

date

signature

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