

Request for extension of the completion time of the
Master's thesis

Student	
Name, Surname:	<hr/>
Matriculation Number:	<hr/>
Topic of the thesis:	<hr/> <hr/>
1. Examiner:	<hr/>
Reason:	<hr/> <hr/> <hr/> <hr/>
Extension length:	<hr/>
<hr/>	<hr/>
Date	Signature of the Student

First Examiner		
I support this request.		
<hr/>	<hr/>	
Date	Signature of the First Examiner	Stamp

Examination Office		
The thesis date of delivery will be extended for _____ days		
New Deadline:	<hr/>	
<hr/>	<hr/>	
Date	Signature of the Examination Office	Stamp