

**Request for the prolongation of the
Thesis Writing Period**

Department: _____	Study Programme: _____
Name: _____	First Name: _____
Street: _____	Zip Code, City: _____
Phone: _____	Email: _____
Student ID: _____	
1 st Supervisor: _____	2 nd Supervisor: _____

I herewith apply for a prolongation of the Thesis writing period stated on my admission paper for _____ week(s)/months¹

Explanatory Statement for the application:

***Please include any attestation or sick certificate!**

Berlin, _____
Date Signature of the Student/applicant

Approval 1st Supervisor: _____

Approval 2nd Supervisor: _____

Approval of the Examination Board: _____

¹ please mark the applicable