UNIKASSEL VERSITÄT

Student Services
Electrical Engineering/
Computer Science

Examination Board of Study program
c/o Student Services
Wilhelmshöher Allee 73, Room 1324
34121 Kassel

E-Mail: studienservice@eecs.uni-kassel.de
Opening hours: Monday–Friday 9:30 am–12:30 pm

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

(NOT for extension due to illness → Submission of medical certificate is sufficient)

Study Program ☐ FUSE ☐ ECE ☐ REMENA

Student

Personal Data

First Name: _____ Last Name: _____

Matriculation Number: _____ Phone Number: _____

E-Mail: _____

Request for extension

I am unable to meet the deadline for submitting my Master's thesis on _____

to _____ (name of 1st Supervisor) for the following reasons:

_____

_____

_____

_____

I therefore request an extension of the processing time by _____ weeks. (The maximum possible extension period can be found in the examination regulations for your degree program.)

I am familiar with the provisions of the examination regulations applicable to my degree program regarding the master's thesis and master's colloquium.

_____ _____

(Date) (Signature)

Supervisor

Statement of the 1st Supervisor

☐ I approve the request.
☐ I do not approve the request.

_____ _____

(Date) (Signature)

➔ Please submit this form to Student Services.