

**Application for extension of acceptance as doctoral candidate**

Please send to the **Promotionsgeschäftsstelle (Doctorate Office) of the University of Kassel, 34109 Kassel**

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| **Personal data** | |
| Name, first name, where necessary, birth name |  |
| Current address |  |
| Tel. and email |  |
| Date of acceptance |  |
| Faculty |  |
| Supervisor |  |

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| **Reason fort he application for extension** (Please tick the appropriate box.) | |
|  | Maternity leave, parental leave, child care (please enclose a copy of birth certificate/s) |
|  | Illness (medical certificate may have to be provided) |
|  | Severe disability of applicant (please supply relevant documentation) |
|  | Care of family members (if necessary, with explanation on a separate sheet) |
|  | Other reasons (please explain, if necessary, on a separate sheet): |

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| **Details of current state of work/estimated delivery date** | | | |
| My thesis is | almost complete up to ¾ complete half complete  less than half complete not yet started. | | |
| Explanation of the current status of the thesis (if necessary, with further explanation on a separate sheet) |  | | |
| Timetable for completion of the thesis (if necessary, with further explanation on a separate sheet) |  | | |
| The thesis is to be handed in on (month/year): |  | Extension requested until: |  |

I hereby confirm that all the above information is correct and complete.

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Place/date/signature

**Please note that the consent of your supervisor is essential for processing and deciding on the application. Before this application is forwarded, please submit it to your supervisor. Those unable to do this can write a separate letter or send an email (promot@uni-kassel.de) to the Promotionsgeschäftsstelle (Doctorate Office).**

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| **Consent of the supervisor** | |
| I confirm the details of the current state of the Ph.D. thesis and the estimated date of delivery. I consent to the extension application. | |
| Comments (if any) |  |

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Place/date/signature