

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

Student	
Name, Surname:	_____
Matriculation Number:	_____
Topic of the thesis:	_____ _____
1. Examiner:	_____
Reason:	_____ _____ _____ _____
Extension length:	_____
_____	_____
Date	Signature of the Student

First Examiner		
I support this request.		
_____	_____	_____
Date	Signature of the First Examiner	Stemp

Examination Office		
The thesis date of delivery will be extended for _____ days		
New Deadline:	_____	
_____	_____	_____
Date	Signature of the Examination Office	Stemp