

Application for Extension of Submission Deadline for Bachelor's or Master's Thesis



HELMUT SCHMIDT
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in accordance with Section 14 (9), first sentence, of the General Examination Regulations (*Allgemeine Prüfungsordnung, APO*)

Surname, first name:

Hamburg,

Matriculation no.:

Course of study:

BA

MA

Start of course (year):

Thesis topic:

I hereby apply for my thesis submission deadline to be extended by

days /

week(s)

(Delete as appropriate)

Reason(s) (continue overleaf if necessary):

Work on the thesis commenced on:

Date

Student's signature

I consent to this application:

First reviewer

yes

no

Date

First reviewer's signature

Board of Examiners

yes

no

(reason(s) if applicable)

Date

Signature of the Chair of the Board of Examiners

(Application for Extension of Thesis Submission Deadline)

Surname, first name:

Reason(s) continued: