

# Application for Extension of Submission Deadline for postgraduate Master's degree programmes Master's Thesis



HELMUT SCHMIDT  
UNIVERSITÄT

Universität der Bundeswehr Hamburg

Surname, first name:

Matriculation no.:

Course of study:

Start of study (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:

Hamburg, \_\_\_\_\_

Date,

student's signature

I consent to this application:

First reviewer

yes

no

Board of Examiners

yes

no

(reason(s) if applicable)

Institute/professorship  
stamp of the first reviewer

\_\_\_\_\_  
Date,

first reviewer's signature

Stamp of the Chair  
of the Board of  
Examiners

\_\_\_\_\_  
Date,

signature of the Chair of the Board of Examiners

(Application for Extension of Thesis Submission Deadline)

Surname, first name: \_\_\_\_\_

**Reason(s) continued:**