



## Application for Extension of Duration of Study

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Matriculation number: \_\_\_\_\_ Current semester of enrollment: \_\_\_\_\_

I hereby apply for an extension of my duration of study for the term \_\_\_\_\_.

I have applied for an extension of my duration of study before:

Yes, for the term \_\_\_\_\_.  No.

**(Please be advised that you can prolong your studies for a maximum of two semesters!)**

I am not able to finish my studies in the regular study duration of six semesters because of the following reasons. (If applicable, attach relevant documents to support your application):

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Munich, date: \_\_\_\_\_ Signature: \_\_\_\_\_

### To be completed by thesis advisory committee:

Advisor: \_\_\_\_\_

I support the application for extension of duration of study:

Yes.  No.

Comment: \_\_\_\_\_

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Munich, date: \_\_\_\_\_ Signature: \_\_\_\_\_

Mentor 1: \_\_\_\_\_

I support the application for extension of duration of study:

Yes.  No.

Munich, date: \_\_\_\_\_ Signature: \_\_\_\_\_

Mentor 2: \_\_\_\_\_

I support the application for extension of duration of study:

Yes.  No.

Munich, date: \_\_\_\_\_ Signature: \_\_\_\_\_

### To be completed by the program coordinator:

Program coordinator: Gunther Löfflmann

The application for extension of duration of study is granted:

Yes.  No.

Munich, date: \_\_\_\_\_ Signature: \_\_\_\_\_