

## Application for Extension of Study Period

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Matriculation number: \_\_\_\_\_ Current semester of enrollment: \_\_\_\_\_

I hereby request an extension of my study period for the term: \_\_\_\_\_

I have previously applied for an extension:

☐ Yes, for the term \_\_\_\_\_. ☐ No.

***(Please note: The maximum extension allowed is two semesters!)***

I am unable to complete my studies within the regular duration of six semesters for the following reasons:

*(If applicable, please attach supporting documents.)*

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

### To be completed by thesis advisory committee:

Supervisor: \_\_\_\_\_

I support the request for an extension of the study period.

☐ Yes. ☐ No.

Comment:

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

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

I support the request for an extension of the study period.

☐ Yes.

☐ No.

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

Signature: \_\_\_\_\_

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

I support the request for an extension of the study period.

☐ Yes.

☐ No.

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

Signature: \_\_\_\_\_

**To be completed by the Managing Director:**

Managing Director: Dr. Fabian Standl

The application for an extension of the study period has been approved.

☐ Yes.

☐ No.

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

Signature: \_\_\_\_\_