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):

_____

_____

_____

Munich, date: _____ Signature: _____

To be completed by thesis advisory committee:

Advisor: _____

I support the application for extension of duration of study:

☐ Yes. ☐ No.

Comment: _____

_____

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: Dr. Fabian Standl

The application for extension of duration of study is granted:

☐ Yes. ☐ No.

Munich, date: _____ Signature: _____