



Deadline extension Master thesis

(must be handed in to the Studienbüro at least 4 weeks before deadline)

Family name: _____ First name: _____

Matrikel nr.: _____ Study course: _____

Email: _____ Mobile number: _____

Submission date: ____ / ____ / 20____

Extension: ____ weeks
(EE, IN: max. 4 weeks, CSE: max. 5 weeks)

Reason for extension

The supervisor supports the extension : yes no

Supervisor at the University of Rostock: _____

Supervisor at the Company (if necessary): _____

Date and signature of the student

Prüfungsausschuss:

Zustimmung

Ablehnung

Datum und Unterschrift PA