

# Application for Extension of Submission Deadline for Bachelor's or Master's Thesis

in accordance with Section 14 (9), first sentence, of the General  
Examination Regulations (Allgemeine Prüfungsordnung, APO)



HELMUT SCHMIDT  
UNIVERSITÄT

Universität der Bundeswehr Hamburg

Surname, first name:

Matriculation no.:

BA

MA

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:**