

**Application for the extension of the processing time**  
**For submission to the examination office (Prüfungsamt) of the Agrar- und**  
**Ernährungswissenschaftlichen Fakultät**

Hermann-Rodewald-Str. 4, 24118 Kiel; Tel 0431-3209; Email: pruefungsamt@agrار.uni-kiel.de

Matriculationnummer			
Familyname, Name			
Fon			
E-Mail			
Current adress			
Extensionreason	<input type="checkbox"/> own illness*	<input type="checkbox"/> other valid reason*	

Hereby I apply for an extension of the processing time of my

<input type="checkbox"/> Bachelorthesis*	<input type="checkbox"/> Masterthesis*
in the study subject	
at Ms. / Mr. (first examiner)	
for	<input type="checkbox"/> days* <input type="checkbox"/> weeks*

\* please mark the appropriate

Note: The application for extension of processing time must be made immediately.

I know, that the extension of the processing time for factual reasons can be at most half of the processing time. The factual reasons should be described in an accompanying letter. Further the application must be approved by the first examiner before it can be submitted to the examination office.

For an extension of the processing time for reasons of illness the "Medical certificate" of the CAU, filled out by the doctor, must be enclosed.

Kiel, the \_\_\_\_\_  
Date, Signature of the student

Enclosures:  in case of illness: Medical certificate (Please submit the doctor the form of the CAU.)  
 in case of other valid reasons: justified letter from the student **with the support of the first examiner**

Kiel, the \_\_\_\_\_  
Date, Signature of the first examiner

**(filled by examination office)**

Applicationrequest approved      **previous application date::** \_\_\_\_\_  
 Applicationrequest not approved      **new application date :** \_\_\_\_\_