

**Request for extension of processing time**  
for submission to the Examination Office of the Faculty of Agricultural and Nutritional Sciences  
Hermann-Rodewald-Str. 4, 24118 Kiel; E-mail: pruefungsamt@agrار.uni-kiel.de

Registration number	
Name, First name	
Telephone	
E-Mail (stu-Mail-Adresse)	
current address	

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

<input type="checkbox"/> Bachelor Thesis		<input type="checkbox"/> Master Thesis		
Study programme				
by Mrs/Mr (Supervisor)				
by		<input type="checkbox"/> days	<input type="checkbox"/> weeks	

Note: The application for an extension of processing time must be submitted without delay.

\_\_\_\_\_

Place, date, student's signature

Attachement:  If there are valid reasons: justifying letter from the student with supporting documents,  
if applicable, additional endorsement by the first examiner, if the reasons relate to the content of the thesis.

Kiel, the \_\_\_\_\_

Date, Signature of the supervisor

in case of illness: certificate of incapacity for examination (CAU form), the original of the certificate must be received by the examination office within 4 working days of the 1st day of incapacity for examination;  
no endorsement by the first examiner

**(to be filled in by the examination office)**

- Extension request approved
- Extension request not approved

**previous deadline:**

**new deadline:**

Signed  
Examination Committee Chairman

On behalf of \_\_\_\_\_  
Examination Office Administration