To:
Chair of the Examinations Committee
Heidelberg University, Faculty of Biosciences
INF 234 – 5th Floor, R 518 (Prüfungssekretariat Biologie)
D-69120 Heidelberg

## **Deadline for Submission of the Masters Thesis: Application for Extension**

Name, First Name:	- <del></del>
Matriculation Numbe	r: Email:
Topic of Masters The	esis:
•	
Start Date:	Deadline for Submission*:
* Time period between	start date and deadline for submission: 6 months
Extension by one n	nonth. New deadline for submission:
Reasons for the exte	ension:
Date	Signature (Applicant)
	Cignature (rippingaint)
I confirm the reasons	s for the extension:
Date	Signature/Stamp (1st Examiner)
The application will b	pe approved:
Date	Signature (Chair of the Examinations Committe)