For the Chairperson of the Examination Board	Received by faculty
of the <b>Programme</b>	□ Bachelor
at the Hochschule für Technik und Wirtschaft Berlin	□ Master

## Request to **Extend** the Completion of the Final Thesis

Family Name:		First Name:		
Telephone:		Email:		
Street; address:		Post Code/City:		
1st Supervisor:		2nd Supervisor:		
	est an extension to the co  weeks  xtension request: (Please			
Tease access appropriate proof)				
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Berlin,		S	Signature of the candidate	
Permission fro	m the 1st supervisor via sig	nature:		
Agreement of t	the examination board:			
<b>Refusal</b> of the e	examination board:			