

An den  
Prüfungsausschuss Informatik  
Endenicher Allee 19A  
53115 Bonn

**Request for the extension of the deadline for the master thesis ( § 17 (6) not more than 42 days)**

Name, first name \_\_\_\_\_

Adress: \_\_\_\_\_

Matriculation-no: \_\_\_\_\_ e-mail: \_\_\_\_\_

Start of deadline : \_\_\_\_\_

Reasons for the request:

Number of days of the requested prolongation (max. 42):  Tage

Confirmed and approved by the first examiner: \_\_\_\_\_  
Signature

**In case of sickness:**

**Attached sicknote (!)** Zeitraum:

.....  
Signature student

Eingang Prüfungsbüro:

Old deadline:

New deadline: