

APPLICATION FOR EXTENSION OF THE STANDARD TIME TO COMPLETION

in accordance with the most current valid version of the doctoral regulations of the Department of Biology, Chemistry, Pharmacy

Eingangsstempel - Promotionsbüro

Doctoral Subject	:
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Last name - doctoral student	First name – doctoral student	Matriculation number		
E-mail address	Institution			
Supervisor: Title, first and last name	(If applicable) second revi	iewer: Title, first and last name		
Date of admission: Starting date of work:				
Has your standard time to completio YES	NO			

Topic of the doctoral project:

Reason(s) for the delay respectively the extension:

Is your research work already completed?

YES NO ↓ Which research work still has to be finished? ↓

Timetable for research work:

Timetable for thesis writing:

Until when should your standard time to completion be extended?

Signature - Doctoral student

Signature - Supervisor

To fill in by the Doctoral Degree Office:

____. Application

Approval of the extension of the standard time to completion until:

Signature - Subject Representative of the Doctoral Board