

## APPLICATION FOR EXTENSION OF THE STANDARD PROCESSING TIME

according to § 6 (6) of the Doctorate Regulations of the Department of Biology, Chemistry, Pharmacy

Special Field:

Last name - doctoral student

First name – doctoral student

Matriculation number

E-mail-address

Institution

Supervisor: Title, first and last name

(If applicable) second reviewer: Title, first and last name

Date of admission:

Starting date of work:

Has your standard processing time already been extended once or several times?

YES

↙ until:

NO

↙ End of the standard processing time:



Topic of the doctoral project:

Reason for 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 processing time be extended?**

\_\_\_\_\_  
Signature - Doctoral student

\_\_\_\_\_  
Signature - Supervisor

To fill in by the Doctoral Degree Office:

\_\_\_\_ . Application

**Approval of the extension of the standard processing time until: \_\_\_\_\_**

\_\_\_\_\_  
Signature - Subject Representative of the Doctoral Board