

Personal Information

Name:

Address:

Postal code / city:

Phone:

Student Number:

MSc Program: MSc Innovation Sciences (IS)

Project Information

First Supervisor:

Group:

Second Assessor:

Group:

When the project was conducted in a company, please fill in the following information (fill in TU/e if you did an internal project).

Company:

Company Supervisor:

Department:

Address:

Postal Code / City:

Phone:

Report Details

Title Thesis Report:
preliminary

Project Start Date:

Originally Planned
Project End Date:

Requested End Date
(After Extension)*:

*The end date can be no later than 7 months after the start date of the master thesis.

Proceed to the next page.

With this form, I request an extension of my Master Thesis Project for up to two months.

Reason for the delay:

Measures that the student will take to ensure that the project can be finished within the period of extension:

Confirmation (Student and Supervisor)

Student

First Supervisor

Date

Date

Signature

Signature

Exam Committee

Approved

Rejected

Date

Signature

Comments

(If applicable)