

GRADUATE SCHOOL • EINDHOVEN UNIVERSITY OF TECHNOLOGY

REQUEST FOR AN EXTENSION OF THE MASTER THESIS PROJECT DEPARTMENT OF INDUSTRIAL ENGINEERING & INNOVATION SCIENCES

Personal Informatio	n	
Name:		
Address:		
Postal code / city:		
Phone:		
Student Number:		
MSc Program:	MSc Innovation Sciences (IS) MSc Human Technology Interaction (HTI)	
Project Information		
First Supervisor:		Group:
Second Assessor:		Group:
When the project was cor Company: Company Supervisor: Department:	nducted in a company, please fill in the following information (fill	in TU/e if you did an internal project).
Address:		
Postal Code / City:		
Phone:		
Report Details Title Thesis Report: preliminary		
Project Start Date:		
Originally Planned		
Project End Date:		
Requested End Date (After Extension)*:		

Proceed to the next page.

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



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

with this form, frequest an extension of my waster mesi	s rioject for up to two months.
Reason for the delay:	
Measures that the student will take to ensure that the proj	ect can be finished within the period of extension:
Confirmation (Student and Supervisors)	
Confirmation (Student and Supervisor) Student	
	First Supervisor
Date	Date
Signature	Signature
Exam Committee	
Approved	Rejected
Date	
Signature	
Comments	
(If applicable)	

Submit the completed document through Osiris Case.