

IDNR:			
Name:			
Section:			
Thesis Supervisor:			
Date project start:			
8 month date:			
Requested extension:	5 weeks	10 weeks	
Requested new end date:			
Title/Subject Graduation Project:			
Master:	AT	SET	S&C
Double degree:	No	Yes	

To be filled in by student
<p><b>1. What is the reason you need an extension of your graduation project?</b></p>          
<p><b>2. Have you previously reported to your thesis supervisor or Academic Advisor that you had problems or needed help? If not, why not?</b></p>          
<p><b>3. What still needs to be done and when do you expect to have completed the Master thesis?</b></p>          

To be filled in by thesis supervisor
<p><b>4. Do you support the student's request?</b></p>          
<p><b>5. Is it feasible that the student will successfully complete the Master thesis within the requested extension?</b></p>          

Signatures		
Student:	Thesis supervisor	Examination Committee
Date:	Date:	Date:

Email the signed form to [me.examination.committee.at.sc.set@tue.nl](mailto:me.examination.committee.at.sc.set@tue.nl)

You need to submit this complete request to the Examination Committee at least one month before the maximum end date of 8 months, as stated in the graduation project registration form deadline (PER appendix 1.a.5).