Applicant (please use bl	эск сарітаіѕ)		
Surname, first name		Degree programr	ne
Street name and house	number	Seminar group	Student ID number
Postcode and town		Email address	
		Telephone numbe	er for queries (optional)
Zittau/Görlitz Univ	versity of Applied Scier	nces	
	• • •	ingineering Managemer	nt
Examination Board			
Theodor-Körner-A	Allee 16		
02763 Zittau			
Application for	Extension of the Sub	omission Deadline for	the Work Placemer
Report			
Reg. No.:			
I hereby request a by the following	n extension of the subr	nission deadline for my '	Work Placement Repo
duration ¹ :			
The new submissi therefore be:	on deadline would —		
The current subm	ission deadline is:		
Examiner / Superv	visor at		
Zittau/Görlitz Univ Sciences:			
Justification for th	e request (may be atta	iched separately):	
		Application is re	commended for approval:
Date	Signature of applicant	Date	Signature of examin

¹ Extension must not exceed one month.