



# EXTENSION REQUEST

## Master's degree in biology (16BIOL120)

Name : ..... First name : .....

Registration number : .....

Autumn semester 20...

Spring semester 20...

**Reason:** Requests for extensions must be duly justified in a letter from the student and a letter from the supervisor. These letters, addressed to the Chair of the Biology Section, must be attached to this form.

Date of request : ..... Signature

### TO BE COMPLETED BY THE THESIS SUPERVISOR

I support the above request

I do not support the above request.

Remarks : .....

Full name : .....

Date : .....

Signature

### TO BE COMPLETED BY THE SECTION'S ACADEMIC ADVISOR

**Dr Audrey Bellier** from the Biology Section

I support the above request

I do not support the above request.

Remarks : .....

Date : .....

Signature

### TO BE COMPLETED BY THE DEAN'S OFFICE

Accepted

Refused

Remarks : .....

Date : .....

Signature

**The form, completed and signed by the student and his/her supervisor, together with the two supporting letters, must be submitted by the student to the Biology Section Secretariat no later than 2 MONTHS BEFORE THE END OF THE CURRENT STUDY SEMESTER.**