



REQUEST FOR AN EXTENSION

PROGRAM OF STUDY: Bachelor Master

NAME: First name:

Student number:

Fall semester 20...

Spring semester 20...

Reason:

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.....

Date of the request: Signature

TO BE COMPLETED BY THE MASTER THESIS SUPERVISOR

I approve the above request

I do not approve the above request

Remarks:

.....

Name : First Name :

Date : Signature

TO BE COMPLETED BY THE ACADEMIC ADVISOR OF THE SECTION/DPT

Name : First Name : Section :

I approve the above request

I do not approve the above request

Remarks:

.....

Date : Signature

TO BE COMPLETED BY THE DEAN OFFICE

Accepted

Denied

Remarks:

.....

Date : Signature

The form must be submitted to the Student Office of the Faculty of Science for the attention of the Dean, once it has been completed and signed by the student's supervisor, the Section's academic advisor and the student. 2 MONTHS BEFORE THE START OF THE SEMESTER.