



Universität Hamburg
Prüfungsmanagement des Fachbereichs Philosophie
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**Request for a deadline extension / withdrawal
for final theses (BAEx / MAEx) in philosophy**

Withdrawing from an examination pursuant to Section 14 and Section 16 subsection 2 of the examination regulations of the Faculty of Humanities (Bachelor's and Master's programs)

I hereby request that I,

Name: _____ Email: _____
First Name: _____ Student ID Number: _____
Degree Program: _____ Enrolled since: _____

be granted a deadline extension of the number of days for which I have a doctor's note.

Due date: _____ Illness from: _____ to: _____
Sick days in total: _____ Suggested new due date: _____

withdrawal from examination for health reasons

withdrawal from examination for the following reason:

I hereby confirm that the information provided above is correct and complete.

Applicant:

(Date, student's signature)