



APPLICATION FOR EXTENSION OF RIGHT TO STUDY

APPLICANT'S CONTACT INFORMATION AND STUDY RIGHT

Surname and first names:	
Student number:	
Address:	
E-mail:	Telephone:

I apply for the extension for the following study right:

School:
Degree:
Major subject:

I apply for the extension for the following period (in semesters): _____
Possible previous applications for extension:
<input type="checkbox"/> This is my first application for extension <input type="checkbox"/> I have applied for extension before

Date and signature: _____

The following documents should be enclosed in the application:

A feasible plan containing a timetable for completing the studies (Personal Study Plan), reasons for applying for the extension of right to study, and an estimation of the duration of the extension needed for completing the studies. **This form will be returned** to the Supervisory Education Coordinator, Amanuensis or Specialist.

Decision of the School's Dean:

- As applied for, the extension is granted until _____
- Unlike applied for, the extension is granted to the student until _____
(see the explanation)
- Extension is denied (see the explanation)

Explanation:

Date and place: _____

Dean: _____

Employee responsible for preparing the matter: _____