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| **Student SURNAME** | **:** |  | | | | | |
| **Student NAME** | **:** |  | | **REGISTRATION NUMBER** | | **:** |  |
| **CONTACT NUMBER** | **:** |  | **Contact Email** | **:** |  | | |
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| **SUBJECT** | **:** | **REQUEST FOR EXTENSION / EVALUATION OF MSC THESIS** | | | | | |
| I hereby submit my application for the extension / evaluation of my MSc Thesis entitled “” supervised by XXXX | | | | | | | |
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| I consent to the extension / evaluation of the MSc Thesis, as it has been requested by the applicant student under my supervision |  |
| The Supervisor | The Applicant |
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| (surname/name –Signature) | (surname/name – Signature) |