**Extension Request**

**Dear President of the Scientific Council**

**Faculty of Pharmacy of the University of Lisbon,**

I hereby,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, student nr. \_\_\_\_\_\_\_ enrolled in the Master Programme in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ currently writing a thesis / internship report with the following subject,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,approved by the Scientific Council on \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_, supervised by the Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and co-supervised by the Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request, taking account the relevant legislation, a \_\_\_\_\_ months \* extension for the delivery of the final course work.

\* *Maximum term 1 year.*

Faculty of Pharmacy of the University of Lisbon, *\_\_\_\_ (day) \_\_\_\_\_\_\_ (month) \_\_\_\_\_\_ (year).*

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|  |  |  |  |  | *(Signature)* | |  |

**Documents to be attached to this request:**

Statement of the supervisor and co-supervisor, with the detailed justification regarding the need to extend the thesis/internship report submission.

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| Informação dos Serviços: |
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| Parecer do Coordenador de Curso: |
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| Despacho do Órgão Competente: |
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