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**Extension of deadline for thesis submission**

President of the Scientific Council

Faculty of Pharmacy, University of Lisbon

I, **(name)**, student nr. **(student number)**, of the PhD in Pharmacy, specialty **(specialty)**, request an extension for the submission of my PhD thesis entitled **(thesis tittle)**, supervised by Professor **(name and affiliation)** and co-supervised by Professor **(name and affiliation).**

I intend to extend the thesis delivery date by **(indicate the extension time with a maximum of 6 months)**.

Lisbon, **(date)**.

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(Student Signature)

**Documents to be attached to this request**

* Statement of the supervisor and co-supervisor(s), with the detailed justification regarding the need to extend the thesis submission.