

# Registrar Services

## Application for Extension of Undergraduate Studies

If you are not able to finish your undergraduate studies at Jacobs University within six semesters, you have the option of applying for an extension (7<sup>th</sup>, in very exceptional cases an 8<sup>th</sup> or 9<sup>th</sup> semester). To do so, please complete the *Application for Extension of Undergraduate Studies*.

Please attach the following documents to the application:

- A **statement** explaining why you were unable to finish the undergraduate degree within six semesters. If applicable, you will have to bring proof (e.g., in cases of illness, personal emergencies, etc.)
- A **detailed study plan** showing how you are planning to make up for the missing graduation requirements in the additional semester(s). The study plan has to be discussed with and approved by your academic advisor.

The application must be handed in to Registrar Services by no later than **April 15** for the following **Fall Semester** and by no later than **November 15** for the following **Spring Semester**. Only complete applications will be accepted.

**Important:** Please note that in case of an SFS hold on the CampusNet account, the hold needs to be solved before the application can be processed. The payment deadlines for solving the SFS hold are November 15 (for applications for a Spring semester) and July 1 (for applications for a Fall semester). If the SFS hold is not solved until the payment deadline, the application can no longer be considered for the following semester. In this case, the application can only be considered again during the next application round.

Except a possible tuition postponement, students will not receive financial aid during their seventh semester.

Jacobs University reserves the right to not approve your application for an extension. In this case you may submit an application to appeal the decision. Please refer to the website of Registrar Services for further details on that matter.

Personal Information	
Matriculation N°	
Family Name	
First Name	
Major(s)/ Minor	
Academic Advisor	

Student's Signature	
I hereby request an extension of my undergraduate studies at Jacobs University. I have enclosed all necessary documents.	
7 <sup>th</sup> semester <input type="checkbox"/>	8 <sup>th</sup> semester <input type="checkbox"/> 9 <sup>th</sup> semester <input type="checkbox"/>
Date	Signature

Academic Advisor's Signature	
I hereby confirm that I have been informed about the student's application for an extension of undergraduate studies at Jacobs University.	
Date	Name, Signature

For internal use only		Stamp confirming receipt of application
Date and time of the meeting		
Attendance List		

# Registrar Services



Decision		
Dean's Signature		