Application for registration of the Master Thesis

Surname: ___________________________ First name: ___________________________

Study group: _______________________ Matriculation number:____________________

Private e-mail (*): ___________________ HM e-mail: __________________________

Phone: _____________________________

☐ At least 60 ECTS achieved (Master)

Working title/ Title of the thesis in English (in BLOCK CAPITALS please):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Optional: Working title/ Title of the thesis in German (in BLOCK CAPITALS please):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Signature student: _____________________________

“I hereby declare that in accordance with the current RaPO/APO/ASPO rules and regulations I will fulfill the requirement concerning the regular period of study when I submit my thesis and hold my oral defence, i.e. I will not have exceeded the ninth semester of my course of study in the Bachelor’s programme or the fifth semester in the Master’s programme.”

Subject handed out on ________________ Due deadline: ________________

Supervisor Name: _______________________ Signature: ______________________

COMMENT

The time limit is 5 months!

(*) Your data will not be passed on but will only be used intern for your invitation to the graduation celebration.