

Request for the start of the Master's Thesis

Study Course: Computational Modeling and Simulation Track: _____

Applicant's data:

Name, First Name: _____ born on: _____

Topic of the master's thesis: _____ Student ID Number: _____

Start date: _____ Submission deadline: _____

The processing time for the Master's thesis encompasses 22 weeks (see § 26 of the examination regulations)

Date

Signature (Student)

Reviewers: We agree on the above mentioned topic and we will prepare a review each.

1st Reviewer: Prof. _____
(always include academic title)

I supervise the thesis work

Date, Signature

2nd Reviewer: Prof. _____
(always include academic title)

I supervise the thesis work

Date, Signature

Administration:

Date

Signature (SCIS)

The Examination Board agrees to the request:

Date

Signature (examination board)