

## Master's Thesis Application

Name, First Name:

born on:

Matr. No.:

Study Course:

E-Mail Address:

Subject:

The SCIS confirms that the applicant has earned 74 ECTS credits so far.

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(Date, Signature)

We agree on the above mentioned subject and we will prepare a review each:

*1<sup>st</sup> Reviewer:*

(always include academic title)

Professorship:

I supervise the thesis work

\_\_\_\_\_  
(Date, Signature)

*2<sup>nd</sup> Reviewer:*

(always include academic title)

Professorship:

\_\_\_\_\_  
(Date, Signature)

Start date:

Submission deadline:

The Examination Board accepts the application:

Date: \_\_\_\_\_

Chair of Examination Board: \_\_\_\_\_