

APPLICATION FORM FOR THE MASTER's THESIS (MIME)

To be filled out by the student and to be presented to the supervisor(s) at the first meeting.

Last Name:	First Name:	Photo
Street:	PIN/City:	
Phone:	Matriculation-No:	
Date of birth:	E-Mail:	
Supervisor(s):		
University:		

To be filled by the supervisor(s):

Topic of the Master's thesis:		
.....
Date	Signature of the supervisor	Signature of the student

To be filled by the board of examination (Studiendekanat):

Last date for delivering the Master's thesis (20 weeks as of the meeting above with the supervisor):	
Date:	Signature:

To be filled by the board of examination (Studiendekanat):

The Master's thesis (3 copies) were submitted today.	
Date:	Signature: