



Master's Thesis Registration Form

Personal Information

Last Name	First Name	Enrollment number
eMail address		

Thesis Information

Title	
Examiner 1	
Examiner 2 (optional)	
Assistant advisor(s) (optional)	
Start date (dd.mm.yy)	End date (dd.mm.yy)

Signatures

Examiner 1	Student
Examiner 2	

This form has to be handed in to the Secretary of the Examination Board.

Internal remarks

Deadline extended until
Thesis handed in on