



Registration for the Master's Thesis WS/SS _____

(pursuant to §§ 16-18)

Matriculation Number:	Semester:
Last Name:	First Name:
Date of Birth:	Place of Birth:
E-Mail:	Phone:

The note of authorization should be sent to following address:

Campus Address

Other Address: _____

The supervision of the Master's thesis is conducted by:

Subject/Academic Chair: _____

Examiner: _____

I already contacted my academic chair.

Pursuant to §10 Abs. 1, I assure that I earned at least 30 credit-points.

I hereby affirm that the details stated above are complete and accurate.

Tübingen, _____
(Date) (Signature)

Once approval has been granted, you will receive a confirmation from the examination office.

To be filled out by the examination office:

Die formellen Bedingungen sind erfüllt. Der Bewerber wird zugelassen.

Tübingen, den _____
(Datum) (Der Vorsitzende des Prüfungsausschusses)