



Master Program Molecular Systems Science and Engineering

Master Thesis Application

Last Name _____

Student ID _____

First Name _____

Date of birth _____

Adress_____

Date of Application _____

submission deadline _____
(6 month after application)

Topic of Thesis _____

The lab work will be performed at (group, institute, address)

Supervisor in the lab _____

Date and Signature student*

* by signing, the student declares

- 1.) to have fulfilled all the requirements for assessment specified in the examination regulations
- 2.) that the right to examination has not expired
- 3.) that the supervising reviewer has the right to use the results
- 4.) that plagiarism checks may be carried out

Reviewer 1	Reviewer 2
Name:	Name:
Adress:	Adress:
Tel:	Tel:
e-Mail:	e-Mail:

Signature Reviewer 1

Signature Reviewer 2

To be filled out by the administration:

All necessary coursework examinations have been completed:

Date

Signature examination office

Signature chair of the examination board