



Master's Thesis Registration Form

Personal Information

Last Name	First Name	Enrollment number
eMail address		

Thesis Information

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

Course Progress

Please check **one** of the two options:

I have completed all required mandatory and elective courses of the master's program:

I request **early registration** to the Master's thesis based on the courses I completed so far:
(Please attach current transcript)

Disclaimer: In the latter case, by signing this form, the **Examiner** certifies that:

- I am aware that the candidate has **not** yet finished all courses of the master's program.
- I confirm this does **not** form an obstacle for starting the thesis project.

Signatures

Examiner 1	Examiner 2	Student
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This form has to be handed in to the Secretary of the Examination Board.

Internal remarks

Deadline extended until
Thesis handed in on