

# Interdisciplinary Neuroscience - Application for an External Master Thesis

Please consider that the contents of an external thesis must be submitted beforehand to the Chairperson of the Board of Examinations !

Family Name	First Name	
Matriculation Number	E-Mail	
Topic of the Master Thesis		
Preferred Date to Start	Place, Date	Signature

## Supervisor and Reviewer

Family Name, First Name, Academic Degree, Adress Telephone	Function and Institute E-Mail-Address
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I agree to supervise and review the above master thesis.

Place, Date	Signature
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## Co-Reviewer

Family Name, First Name, Academic Degree, Telephone	Function in the INS Programme E-Mail-Address
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I agree to review the above master thesis.

Place, Date	Signature
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## Following has to be Compiled Exclusively by the Examinations Office

The topic is assigned on .....

The thesis may be started on .....

**Delivery deadline at the examinations office on** .....

Place, Date	Signature Chairperson of the Board of Examinations
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