

Interdisciplinary Neuroscience - Application for an Internal Master Thesis

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,

Function in the INS Programme

Telephone

E-Mail-Address

I agree to supervise and review the above master thesis.

Place, Date

Signature

Co-Reviewer

Family Name, First Name, Academic Degree

Function in the INS Programme

Telephone

E-Mail-Address

I agree to review the above master thesis.

Place, Date

Signature

Following has to be Compiled Exclusively by the Examinations Office

The topic is assigned on

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The thesis may be started on

.....

Delivery deadline at the examinations office on

.....

Place, Date

Signature Chairperson of the Board of Examinations
