



Request to start a Master's Thesis

Computational Modeling and Simulation

Track: _____

Student's personal data:

Name, First Name: _____

born on: _____

Student ID Number: _____

Topic of the Thesis Project:

Start date: _____

Submission deadline: _____

The duration of a Master's Thesis Project is 22 weeks full-time (§ 26 CMS Examination Regulations)

Date: _____

Signature (Student): _____

Reviewers: We agree to the thesis topic and to preparing a written review each.

1st Reviewer: _____

Date / Signature: _____

(include academic title)

2nd Reviewer: _____

Date / Signature: _____

(include academic title)

Supervision: I agree to provide supervision and resources/data for the project.

Supervisor (title / name): _____

Institute/Institution (if external): _____

Date: _____

Signature: _____

