Technische Universität Dresden/Fakultät Informatik

Master's Thesis Application

Name, First Name:

born on: Matr. No.:

Study Course:

E-Mail Address:

Subject:

The Examination Office confirms that the applicant has earned 74 ECTS credits so far.

(Date, Signature)

We agree on the above mentioned subject and we will prepare a review each:

1st Reviewer:
(always include academic title)

Professorship:

☐ I supervise the thesis work   _____
                                                          (Date, Signature)

2nd Reviewer:
(always include academic title)

Professorship:

☐ I supervise the thesis work   _____
                                                          (Date, Signature)

Start date: Submission deadline:

The Examination Board accepts the application:

Date: _____   Chair of Examination Board: _____

Distribution after return: Original Student, Copy 1st Reviewer, Copy 2nd Reviewer, Copy Examination Office