

# Registration of the master thesis

Study Program  ECE  FUSE; Exam Regulation 20\_\_\_\_

First Name: \_\_\_\_\_ Name: \_\_\_\_\_

Student Identity Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Title of the Thesis in English: \_\_\_\_\_  
\_\_\_\_\_

Title of the Thesis in German: \_\_\_\_\_  
(optional) \_\_\_\_\_

\_\_\_\_\_  
Signature of the Student

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Department: \_\_\_\_\_ E-Mail: \_\_\_\_\_

1. Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Supervisor: \_\_\_\_\_

The Thesis will be completed at the Company:

Name of the Company: \_\_\_\_\_ Address of the Company : \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Studienservice will fill this part of the form.**

Starting Date: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Confirmation through the Head of the Examination Board: \_\_\_\_\_  
Date Head of the Examination Board

Prolongation  Acknowledged  Prolonged till : \_\_\_\_\_

Thesis Submitted on: \_\_\_\_\_