

Universität Kassel
Studienservice Elektrotechnik/Informatik
Wilhelmshöher Allee 73
34121 Kassel

Evaluation of the master thesis

Study Program FUSE ECE, Exam Regulation 20 __

1) Personal Data

First Name: _____ Name: _____

Student Identity Number : _____ E-Mail: _____

Date of Submission _____

2) Thesis Topic

(If applicable, please note the topic in English as well as in German. To avoid topic error in your certificate, please write eligible.)

There are no changes in the topic

: The topic has changed

English Title: _____

German Title: _____

3) Evaluation of the thesis

The colloquium earned the grad ____ (only FUSE) / passed (Only ECE)

The thesis earned ____ (1. Supervisor)

The thesis earned ____ (2. Supervisor)

1. Supervisor: _____
(Date) (Signature)

2. Supervisor: _____
(Date) (Signature)