

Faculty of Electrical Engineering and Computer Science

Registration Master Thesis REMENA Course ⇒ to be handed in to the REMENA Team Kassel

(Exam Regulations versions 2016 and 2018)

Student ID UKAS: \_\_\_\_\_

Family Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title of Master Thesis:

\_\_\_\_\_  
\_\_\_\_\_

Group Work with (Name): \_\_\_\_\_

1. Reviewer/Examiner (UKAS) Name/Signature: \_\_\_\_\_

2. Reviewer/Examiner (CU/UM) Name/Signature: \_\_\_\_\_

3. Reviewer/Examiner (optional, Dept. EECS/UKAS): \_\_\_\_\_

4. Supervisor (optional – (CU/UM) Name/Signature \_\_\_\_\_

**This section to be filled by the REMENA team:**

Starting Date: \_\_\_\_\_ Duration<sup>1</sup>: **6 months** (Closing Date: \_\_\_\_\_)

Date of Submission<sup>2</sup>: \_\_\_\_\_ Prolongation: \_\_\_\_\_

Acknowledged: \_\_\_\_\_  
(Date) (Head of the REMENA Examination Board)

I confirm that I will not use any contents of my thesis without the consent of the reviewing professor (eg. for publications)

Confirmation of Receipt: \_\_\_\_\_  
(Date) (Signature Graduand)

*This section to be filled after the Master thesis colloquium*

**Thesis Mark:** \_\_\_\_\_

1. Reviewer (UKAS):

\_\_\_\_\_  
(Date) (Signature)

2. Reviewer (CU/UM):

\_\_\_\_\_  
(Date) (Signature)

3. Reviewer (optional, Dept. EECS/UKAS):

\_\_\_\_\_  
(Date) (Signature)

<sup>1</sup> If the submission date is not a working day, the first working day following this deadline is the date of submission.

<sup>2</sup> IMPORTANT: Master thesis to be submitted electronically to [remena@uni-kassel.de](mailto:remena@uni-kassel.de) to document the due submission date and to your examiners. Hardcopies: (2 copies and CD) duly to be handed in to student services EECS, FB 16 UKAS.