



Master Program Medical Microtechnology

Master Thesis Registration

Please fill in the sections written in Italics!

Family name _____ First name _____

Matriculation number _____

Address _____

Phone/email _____

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Internal (Institute) _____

External (Company/Organization) _____

Master Thesis Title (this has to be the final title. No later changes are possible)

Supervisor at the thesis workplace _____

1st Examiner at universities in Lübeck _____

Starting date _____ Submission deadline _____

Lübeck, _____

Examiner at universities in Lübeck

Lübeck, _____

Student

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For official use only

All necessary prerequisites for the admission to the Master Thesis have been fulfilled:

Yes
 No Lübeck, _____ Department of Applied Natural Sciences

The subject is approved:

Yes
 No Lübeck, _____ Chairperson of the examination committee