



UNIVERSITÄT ZU LÜBECK



Master Program Medical Microtechnology

Master Thesis Registration

Please fill in the sections written in Italics!

Family name _____ First name _____

Matriculation number _____

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. Please, write clearly)*

Supervisor at the thesis workplace _____

1st Examiner at universities in Lübeck _____

Starting date _____

Submission deadline _____

Lübeck, _____

1st 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

Missing subjects/ECTS

The subject is approved:

☐ Yes

☐ No Lübeck, _____

Chairperson of the examination committee