

Registration for the Master Thesis Department of Engineering (M.Eng.)

Family name, first name:	Student ID number:
Study programme:	E-Mail:
Address:	

- The candidate meets the professional requirements for issuing a Master's thesis in accordance with § 21 of the examination regulations of the study program

Date

Signature (examination office)

A. Recording of the reviewers	
Signature supervising / first reviewer: (Family name, first name) Signature:	Signature second reviewer: (Family name, first name) Signature:
Address first reviewer:	Address second reviewer / company (if not affiliated to the HSN):

B. Topic and issuing date of the Master thesis:

Topic of the Master thesis (in English):

**Issuing date
of the Master thesis:**

**C. Confirmation of the information under
A and B:**

Confirmed by first reviewer:

Date

Signature

Confirmed by student:

Date

Signature

D. Approved by examination board:

- o The reviewers mentioned under point A are entitled for the examination according § 48 par. 2 and 3 ThürHG (Higher Education Act of the Free State of Thuringa) and the examination regulations valid for the candidate's degree program. The reviewers are hereby appointed as first and second examiners.
- o The topic listed under point B meets to the examination regulations valid for the candidate's degree program and its requirements for a Master thesis; the topic for the Master thesis together with the issue date specified under point B is hereby approved.

Date

Signature (president of the examination board)

The university will forward the given information to the examination office and the information will be stored into the university's records in order to notify the candidate regarding the issued topic, the submission date, the appointed examiners and the cancellation conditions in accordance with the examination regulations valid for the candidate's degree program.

Additional information for the issuance of the degree certificate:

Myself, (Family name, first name) apply, after passing the final exam, the issuance of the degree certificate in the study program

in accordance with the following information:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The university should indicate the entire study duration on the documents yes no

Information about the delivery / collection of the documents (degree certificate, transcript of records)

I would like to pick up the documents personally yes no

The documents will be picked up by a third party (with a letter of attorney) yes no

The university should send the documents via post basic by registered mail

(The candidate must submit the postage fees and an envelope according to the desired delivery option to the Study Service Center.)

I would like to receive my documents at the graduation ceremony yes no

(The candidate registers for the ceremony via the Alumni Service 03631/420 225 Ms. Bargfrede. The ceremony will take place in summer semester for students who successfully completed their studies in the period from October 1 to March 31, the ceremony will take place in winter semester for students who completed their studies in the period from April 1 to September 30)

In the case of queries, the university can reach me at the following telephone number (voluntary information):

.....

Date

Signature