

PERSONAL DATA

Name	Student number
Address	
E-mail address	Phone number

STUDY PERIOD

Degree Programme	
Date of bachelor's degree obtained	Current number of credits countable towards master's degree
Major	
Minor (if the thesis is written on a topic related to the minor)	

TOPIC, LANGUAGE, SUPERVISOR AND INSTRUCTOR OF THE MASTER'S THESIS

Topic of the Master's thesis
Language of the Master's thesis
Name of the supervisor of the Master's thesis (has to be agreed upon with the professor of the major)
Name, degree, workplace, address of the workplace, and E-mail or phone number of the instructor

SIGNATURE OF THE STUDENT

Date ____/____/20____	Signature
	Name in block letters

STATEMENT OF THE PROFESSOR OF MAJOR

If the thesis is done in the field of the minor or if the supervisor is other than a professor of the major, approval of the professor of the major is required. I approve that: the Master's thesis will be done in the field of the minor _____ the above suggested person acts as the supervisor	
Date ____/____/20____	Signature
	Name in block letters

STATEMENT OF THE SUPERVISOR OF THE MASTER'S THESIS

I approve of the suggested topic of the Master's thesis	
Date ____/____/20____	Signature
	Name in block letters

The form has to be returned to the Degree Programme Office (C212 or C211).

DECISION OF THE DEGREE PROGRAMME COMMITTEE

Topic confirmed	Application not approved (extract from the minutes enclosed)
Date	Signature