

## PRELIMINARY SUPERVISION AGREEMENT THESIS

Name:		First Name:
Date of Birth:		Place of Birth:
Matriculation Date:	Matriculation Number:	Course of Study:
pervision of thesis by:		
ereby confirm that the i	named supervisor will superv	ise my thesis and that this is binding. The
	y another supervisor is no lor	
Dlace Date	Charlent	
Place, Date	Student	
Place, Date	Supervisor	