

Filled in by school
Date of receipt / 20

REQUEST FOR APPROVAL OF MASTER'S THESIS TOPIC

PERSONAL DATA	4			
Name			Student number	
E-mail address			I	
DETAILS OF STU	DIES			
Master's programme			Current number of credits countable towards master's degree	
Major and minor (check relevant box to indicate your master's thesis research field)				
☐ Major:				
☐ Minor *:				
shall be agreed upon be However, the extent of	between the thesis supervisor and the stu f the master's thesis is 30 credits, which	ident. The is equival	bachelor's degree is completed. The deadline for the master's thesis Master's thesis topic is valid for one year from the date of approval. ent of six months of fulltime studies. The grade is affected if the . Please see the Guidelines for master's thesis evaluation.	
* On reasonable grounds , the school may also grant permission for the thesis to be written on a topic related to the minor.				
DETAILS OF MAS Topic (written in the l				
• `				
Supervisor (name)		Advis	Advisor (name, degree, place of employment, e-mail/telephone number)	
Starting time and planned submission time of your master's thesis (month/year)		Furth	Further details, if the thesis process significantly exceeds six months	
SIGNATURE OF A	APPLICANT			
Date	Signature Bank			
SIGNATURE OF S	SUPERVISOR			
Date	Signature			
Date	Signature of the professor in r	Signature of the professor in major, if the supervisor of the thesis is other than a professor of the major		
DECISION OF DEGREE PROGRAMME COMMITTE				
Topic approved	Circotom		Topic not approved (extract from the minutes enclosed)	
Date	Signature			

Please attach the form in eAge to the application "Approval of the master's thesis topic, supervisor, advisor and language" or send the form by e-mail to studentservices@aalto.fi.