

REGISTRATION - COLLOQUIUM

I hereby enroll for the colloquium

| Title ¹ | |
|---|--|
| First name ¹ | Last name ¹ |
| Date of birth ¹ | Place of birth ¹ |
| Student ID ¹ | Start of study ¹ |
| Degree program ¹ | |
| Please fill in | |
| | |
| Date of colloquium | |
| | |
| Topic of the thesis | |
| his application must be submitted to the Exam | ns Office through the "Application Management" section |
| n myCampus at least 3 days before the date of t | |
| | |

¹ Required fields