

To the  
Central Examination Office  
- at the university -

Application received on:

**Application for admission to the  
colloquium on the master's thesis (thesis defense)  
in Computer and Information Science  
(PO 2015, two-year master's programme)**

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Name, first name: _____	Student ID number: _____
Post code, city: _____	Street: _____
Email: _____	Phone: _____

I hereby apply for admission to the colloquium on the master's thesis (thesis defense) in accordance with §16 para. 2 of the University of Konstanz's study and examination regulations for the master's programme in Computer and Information Science from 23 March 2015 as amended. As per § 15 para. 2, I have enclosed the following documents:

- 1.) Documentation of passing all course-related performance assessments as per § 4 para. 1 of the examination regulations (see attachment 1 of the examination regulations)**
- 2.) Certificate of enrolment for the current semester**

I handed in my master's thesis to the Central Examination Office on \_\_\_\_\_.

As per § 18 para. 1 of the University of Konstanz's study and examination regulations for the master's programme in Computer and Information Science in the version from 23 March 2015 as amended, the contents of the master's thesis and related questions associated with its subject area are the subject of the oral examination.

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First examiner (please print)

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First examiner's signature

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Second examiner (please print)

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Second examiner's signature

**The following date has been agreed for the colloquium on the master's thesis (thesis defense):**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

I am aware that I am not legally entitled to having my suggestions for examiners taken into consideration. I declare that I have not lost my right to take examinations for the master's programme in Computer and Information Science. I declare that I am not taking part in any other examination procedure. I am aware of the provisions of the current version of the examination regulations.

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Place, date

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Applicant's signature

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As per § 18 of the University of Konstanz's study and examination regulations for the master's programme in Computer and Information Science in the version from 23 March 2015, I hereby agree to the suggested examiners and date.

Konstanz, \_\_\_\_\_

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The Chair of the Examination Board (StPA)  
Computer and Information Science

(Two-year option, PO 2015)

Student ID: \_\_\_\_\_

[illegible]

2. Supplementary area of studies (0-17 ECTS)	grade	ECTS-Credits
Courses offered by other departments. A maximum of 6 ECTS credits can be recognised from bachelor's courses offered by the Department of Computer and Information Science (only upon request to the Examination Board <i>StPA</i> ), courses offered by the Centre for Transferable Skills, the Language Institute or the International Office.		

3. Final part of studies	grade	ECTS-Credits
Master's project:		9
Seminar:		<input type="checkbox"/> 4 <input type="checkbox"/> 3

### Area of specialization

The area of specialization should be included in the examination and degree certificates:<sup>1</sup>

☐ yes

☐ no

Only needed if specialization should appear on examination and degree certificates:

☐ Data Science

☐ Software Systems Engineering

☐ Visual Computing

☐ Algorithmics

☐ Interactive Systems

☐ Exhibition Media Design

☐ Other:<sup>2</sup> \_\_\_\_\_

The duration of studies until completion of the study programme should be included in the transcript of records:

☐ yes

☐ no

Date \_\_\_\_\_

\_\_\_\_\_  
signature student

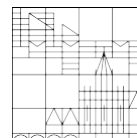
\_\_\_\_\_  
signature departmental study advisor

<sup>1</sup> For a specialization, the master's seminar, the master's project, the master's thesis and at least two additional in-depth courses (basic or advanced courses from the CIS PO 2020) need to be thematically related.

<sup>2</sup> Other specializations need to be approved by the Examination Board (StPA). Please hand in a request to the Examination Board which contains the suggestion for the specialization as well as a signature of your first examiner of the master's thesis.

Please submit to:  
University of Konstanz  
Department of Computer and Information Science  
Examination Office  
PZ 807 – Box 188  
78467 Konstanz

Universität  
Konstanz



## Contact address after your studies

The department would like to stay in contact with its alumni. Therefore, we kindly ask you to indicate an e-mail address which will still be valid after your studies.

Please sign the following statement:

***I have received and read the [data protection information](#). I am aware that the University of Konstanz may use my contact details to maintain contact with me as long as I do not object.***

Name, first name: \_\_\_\_\_

Student ID: \_\_\_\_\_

The following e-mail address will be valid after my studies:

\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_