

# External examiner form

Faculty of Information, Media and Electrical Engineering - IMP

☐ Bachelor's thesis

☐ Master's thesis

**Technology**  
**Arts Sciences**  
**TH Köln**

Student ID:

Last name (birth name, if applicable):

First name:

Program:

Specialization:

Email address (TH):

## Information about external examiner:

Name, first name:

Academic degree:

Graduated on:

Graduated from:

Current occupation:

Employer:

## Topic of the thesis:

## Confirmation of external examiner:

I hereby confirm that I will function as thesis advisor of the above thesis and that the information on my person is true and correct.

\_\_\_\_\_  
(date)

Hussien El Sawy  
\_\_\_\_\_  
(signature of external examiner)

## Confirmation of first examiner:

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of first examiner)