Hochschule Bonn-Rhein-Sieg

University of Applied Sciences

THESIS APPLICATION FORM

Master's Program in Autonomous Systems

Project ID

#PRJ-381867.1#

A. Student Information

1. Name:

Last	First
Ravichandran	Rubanraj

2. Matriculation number: 9029355

3. Started Program: (Semester/yyyy) WS/2016

4. Contact info:

E-mail useername only (@smail.inf.h-brs.de)	Telephone number (preferably handy)
rubanraj.ravichandran	15202048359

5. Current address: Street address, zip, city, country

6. Address during thesis stage: Street address, zip, city, country

B. Project Information

1. Project duration:

From (dd.mm.yyyy)	To (dd.mm.yyyy)
15.10.2018	16.04.2019

2. Proposed Topic:

Title or a one sentence description of the topic

A mediator system for querying heterogeneous data in robotic applications

Please be sure to print out the complete form (i.e.: 2 pages)

The number of credits allocated to the master thesis requires at most 6 months to complete. Please ensure that the "To" field for the project's duration is thus 6 months after the project start date. This is the maximum date by which you may submit your thesis without applying for a one-month extension.

3. Supervisors:

1st supervisor's name (Internal)	Affiliation (BRSU)
Erwin Prassler	
2nd supervisor's name (Internal or external)	Affiliation
Manfred Kaul	Hochschule Bonn-Rhein-Sieg (H-BRS)
3rd supervisor's name (Internal or external)	Affiliation
Sebastian Blumenthal	Locomotec GmbH

4. Group Work:

Yes	No	If yes, please print your partner's name (Last name, First name)
☐	☐	

5. Location of thesis work:

Within the department	Within another dept. at BRSU	Outside the university
☐	☐	☐

C. Agreement

1. Internal supervisor:

Date (dd.mm.yyyy)	Internal supervisor's signature

Please secure the internal supervisor's signature.

2. Candidate:

Date (dd.mm.yyyy)	Signature

3. External Supervisor:

Company name & address

External supervisor's name (Last name, First name)

External supervisor's email address

The external supervisor hereby declares that the candidate will be provided with a workstation equipped with the resources needed to prepare the thesis and that supervision on the subject matter of the thesis is assured.

Date (dd.mm.yyyy)	Signature

If applicable, enter the information for the external supervisor (Field 3)

Please fill fields 1 and 2 at the top of the next page.

Attach the thesis specification to this form and submit it to the department office.

1. Name:

Last	First

2. Matriculation Number:

TO BE COMPLETED BY THE EXAMINATION BOARD

The Examinations Board admits the candidate to the thesis stage with ☐ No change ☐ The following changes:

1. Topic:

Title or a one sentence description of the topic

2. Project duration:

From (dd.mm.yyyy)	To (dd.mm.yyyy)

3. Supervisors:

Name	Name
Name	

Board Signature:

Date (dd.mm.yyyy)	Signature

TO BE COMPLETED BY THE DEPARTMENT OFFICE

Candidate confirms official receipt of the topic and date of the thesis assignment.

Date (dd.mm.yyyy)	Signature

Submission of the thesis to the department office.

1. Candidate's agreement:

Date (dd.mm.yyyy)	Signature

2. Thesis submission date:

Date (dd.mm.yyyy)	Signed hard copies	Electronic copies	Abstract	Transcript
	☐	☐	☐	☐

3. Forwarded to 1st supervisor:

Date (dd.mm.yyyy)	6. Grade received from 1st supervisor:	Date (dd.mm.yyyy)

4. Forwarded to 2nd supervisor:

Date (dd.mm.yyyy)	7. Grade received from 2nd supervisor:	Date (dd.mm.yyyy)

5. Forwarded to 3rd supervisor:

Date (dd.mm.yyyy)	8. Grade received from 3rd supervisor:	Date (dd.mm.yyyy)