



DEPARTMENT OF INFORMATICS

TECHNISCHE UNIVERSITÄT MÜNCHEN



EXAMINATION BOARD

Surname:	<input type="text"/>	
First name:	<input type="text"/>	
Registration Nr:	<input type="text"/>	
Study semesters:	<input type="text"/>	
Current address:	<input type="text"/>	Tel./ Mobil: <input type="text"/>
Home address (if different):	<input type="text"/>	Tel./ Mobil: <input type="text"/>
E-Mail address:	<input type="text"/>	

Registration of a master's thesis for the M.Sc. program in

☐ Informatics

☐ Biomedical Computing

Subject (GERMAN and English):

Thesis supervisor:	<input type="text"/>	Advisor(s):	<input type="text"/>
			<input type="text"/>
Start:	15 th <input type="text"/>	20 <input type="text"/>	<input type="text"/>
Garching, (date)	<input type="text"/>		

(Signature thesis supervisor)

(Signature student)

This form sheet has to be filled in with the consent of the thesis supervisor and further supervisors and to be forwarded to the examination board (Mrs. Kinzel, SB-S-IN) at least 8 days before the start of the Master's thesis.