

STUDENT

Study program: _____ Student ID: _____
 Surname, first name: _____
 Birthday: _____ Place of Birth: _____
 Address: _____
 (street, house number, postal code, city/ town)

Subject of the Thesis (in block letters only!):

Date, Signature student: _____

SUPERVISORS

First supervisor: _____ Second supervisor: _____

 Date, Signature _____ Date, Signature _____
☐ printed copy requested ☐ printed copy requested

Ethics Committee Vote

An Ethics Committee vote is required for the studies.

☐ Yes ☐ No

 Date, Signature first supervisor

External supervisors only

E-mail-address: _____

Telephone no.: _____

Address, if printed copy requested: _____

STUDIES AND TEACHING OFFICE

The requirements for registering the thesis have been fulfilled.

 Date, Signature staff Studies and Teaching Office

EXAMINATION AND ADMISSIONS COMMISSION

- ☐ The application has been approved.
☐ The application has not been approved as the following requirements have not been fulfilled:

 Date, Signature Chair of the commission: _____

STUDIES AND TEACHING OFFICE

Approval submitted to student on: _____
 Submission Deadline¹: _____
 Signature Studies and Teaching Office: _____

¹ processing times: BSc PSY 3 month – MA PSY VZ 6 month – MA PSY TZ 12 month – MA KPPT VZ 6 month- MA LuB (90 LP) 6 month - MA LuB (120 LP) 12 month - MA PSY English 6 month – MA IP 12 month – MA KuWi 12 month – MAO English 6 month