

Bachelor

Requirements fulfilled:

General studies
Practical semester

Master

Requirements fulfilled:

General studies (if required)
30 CP to be made up from the Bachelor's degree, if applicable

Personal data

Surname, first name:		Matriculation No.:	
E-Mail:		Phone:	
Study program:		SPO:	

Requestet Topic:

First examiner: <small>(Academic title, surname, first name)</small>		Start Date:	
Second examiner: <small>(Academic title, surname, first name)</small>		Delivery Deadline:	

Only to be completed for external support/cooperation

Company:		ZIP, city:	
E-Mail:		Phone:	
Name: <small>(Academic title, surname, first name)</small>			

Date, signature
Student

Date, signature
First Examiner

Date, signature
Second Examiner

GRADING			
ONLY TO BE USED BY AUTHORIZED PERSONS			
	Abgabe Datum:		Kolloquium Datum:
Erste prüfende Person <small>Name, Vorname:</small>		Zweite prüfende Person <small>Name, Vorname:</small>	
Schriftliche Note:		Schriftliche Note:	
Kolloquium Note:		Kolloquium Note:	
Datum, Unterschrift:		Datum, Unterschrift:	
Endnote Abschlussarbeit: (Von erster prüfender Person auszufüllen – bitte Gewichtung beachten)!			