



EXAMINATION BOARD

Surname:

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Registration Nr:

Study semesters:

Current address:  Tel./ Mobil:

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E-Mail address:

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

Subject (GERMAN **and** English):

Thesis supervisor:  Advisor(s):

Start: 15<sup>th</sup>  20

Garching, (date)

(Signature thesis supervisor)

(Signature student)

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