



EXAMINATION BOARD

Surname:

First name:

Registration Nr:

Study semesters:

Current address: Tel./ Mobil:

Home address (if different): Tel./ Mobil:

E-Mail address:

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

- Informatics**
 Biomedical Computing

Subject (GERMAN and English):

Thesis supervisor: Advisor(s):

Start: 15th 20

Garching, (date)

(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.