



EXAMINATION BOARD

Surname:

First name:

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**

- Informatics**
- 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 further supervisors 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.