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FAKULTÄT
FÜR MATHEMATIK, INFORMATIK
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Thesis registration form

Surname: _____

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Degree program: _____

Bachlor's thesis ☐ Master's thesis ☐

Start date of thesis: _____

Provisional title:

_____

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First examiner: _____
title name

Second examiner: _____
title name

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date, signature student date, signature first examiner

Hand in this form before the start on you work
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