



Master Program of Biomedical Engineering

Master Thesis Submission

Please fill in the sections written in Italics on pages 1 and 2!

Family name _____ *First name* _____

Starting date _____

Matriculation number _____ *Signature:* _____

Master Thesis 1st Examiner _____

Master Thesis 2nd Examiner _____

Master's Thesis Title

=====
For official use only

Master Thesis

Date of Submission

Deadline was met

Office of the Depart. of Applied Natural Sciences

Result

passed with grade _____

failed

1st Examiner

Prerequisites for the final oral exam

have been fulfilled

have not been fulfilled

Date

Chairman of the Examining Board



Master Program of Biomedical Engineering
Final Oral Exam Registration

I am herewith applying for admission to the final oral exam during

- Summer Semester* _____
- Winter Semester* _____

_____ *Date*

_____ *Student*

=====

For official use only

Final Oral Exam

Date _____ 1st Examiner _____

Time _____

Place _____ 2nd Examiner _____

Protocol:

	Start _____
	End _____

Result

passed with grade: _____

failed (grade 5.0)

Lübeck, _____

_____ 1st Examiner

_____ 2nd Examiner