



Master Program of Biomedical Engineering

Master Thesis Registration

Please fill in the sections written in Italics!

Family name _____ *First name* _____

Matriculation number _____

Address _____

Phone/email _____

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Internal (Institute) _____

External (Company/Organization) _____

Master Thesis Title

Supervisor at the thesis workplace _____

1st Examiner at universities in Lübeck _____

Starting date _____ *Finishing date* _____

Lübeck, _____

Examiner at universities in Lübeck

Lübeck, _____

Student

=====

For official use only

All necessary prerequisites for the admission to the Master Thesis have been fulfilled:

Yes
 No Lübeck, _____
Department of Applied Natural Sciences

The subject is approved:

Yes
 No Lübeck, _____
Chairperson of the examination committee