

REGISTRATION OF AN EXTERNAL MASTER THESIS



TECHNISCHE
UNIVERSITÄT
DARMSTADT

Name, First Name

Degree Program

Matr.-Nr.

Complete address where the thesis will be carried out:

Name of external advisor:

Thesis Title/Theme:

German: _____

English: _____

Assignment date of thesis theme: _____

External Advisor Declaration:

I declare, that I will guide, supervise and provide a written review for the master thesis of Mr./Ms. _____. I will comply with the TU Darmstadt's General Examination Terms in accordance with the regulatory statutes of the Biology Faculty. In particular, I am aware that the master thesis process cannot exceed the duration of 6 months.

Name, Signature of External Advisor (including department stamp)



Name, Signature 1. Appraiser (including department stamp)

Name, Signature 2. Appraiser (including department stamp)

Please note:

The appraisers are requested to send this registration form directly to the Office of Student Affairs Biology upon thesis theme assignment.