



Registration of the master's thesis

Postgraduate Programme Toxicology - from the basics to risk assessment (N992 783)

Details Course Participant	
Last name:	First name:
Registration number:	
Details master's thesis	
Title:	
I request permission to carry out my master's thesis on the above-mentioned topic. I have taken note of the guidelines for writing the master's thesis according to the curriculum (including the "Declaration of Confidentiality and Declaration of Obligation to Maintain Data Secrecy" and the "Guidelines for Good Scientific Practice") and hereby undertake to comply with them.	
_____ Date	_____ Signature of the student

Supervisor	
Name (acad. title):	
Institute/Department:	
I hereby agree to supervise the above-mentioned master's thesis according to the guidelines of the currently valid curriculum.	
_____ Date	_____ Signature of the supervisor

Co-supervisor (optional)	
Name (acad. title):	
Institute/Department:	
I hereby agree to co-supervise the above-mentioned master's thesis according to the guidelines of the currently valid curriculum.	
_____ Date	_____ Signature of the co-supervisor

Additional information in case of external supervision: <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-supervisor (please check)
Address:
Phone number:
E-Mail:

Confirmation of the head of the organizational unit (OU) (if applicable)	
Name:	
Organizational unit (OU):	
Noted and approved implementation of the study at the OU:	
_____ Date	_____ Signature / Stamp

Approval by the Program Director:

Date

Signature of the Program Director