



## Master Thesis Grading

Information about the student		
Study Code:	Matriculation number:	
Family name:	First name:	
Address:	ZIP Code:	Location:
E-mail:	Phone number:	

Master thesis details	
Department:	
Master thesis topic:	
I confirm that the execution and preparation of my Master's thesis was carried out in accordance with the guidelines of Med Uni Vienna and I undertake to comply with the confidentiality agreement.	
Date:	Signature:

Supervisor	
Name of the Supervisor:	
Associated with the organizational unit/clinic for:	
Assessment	
Grade:	
<b><i>!Note for the supervisor!</i></b> The supervisor must assess the Master's thesis within a maximum of six weeks from submission. Please enclose the written assessment with the form!	
Date:	Signature:

To be completed by the study department!	
Master thesis submitted on:	_____
Reprobation period:	_____
Approbiert on:	_____
Date: _____	Signature of the Curriculums Director: _____

**Note to candidate:**

The candidate must be granted access to the assessment documents (expert opinions, corrections) of the master's thesis upon request, if he/she asks for this within six months from the announcement of the grade.

Grades: Very good (1), good (2), satisfactory (3), sufficient (4), insufficient (5)

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