



Notification of the Master Thesis Topic

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´s thesis topic:

Support	
Name of the supervisor(s) :	
Associated with the organizational unit/clinic for:	
I hereby agree to supervise the above-mentioned Master´s thesis according to the guidelines of the currently valid curriculum.	
Date: _____	Signature: _____

Corresponding supervisor at the MUW in case of a foreign supervisor	
Name of the corresponding supervisor(s):	
Associated with the organizational unit/clinic for:	
I hereby declare my willingness to act as corresponding supervisor(s) for the above-mentioned master´s thesis	
Date: _____	Signature: _____

Carry out on
Organizational unit/clinic for:
Address:
Head of organizational unit/ clinical board:
Noted and approved
Signature of the head of the organizational unit/clinical board and stamp

Date: _____

Signatur of the student(s): _____

To be completed by the study department

Date: _____

Signatur of the Curriculums Director(s): _____

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 month from the announcement of the grade.

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