

Registration Master Thesis



Processing Time:

Full-time study (4 semesters): 26 weeks

Full-time study MIBE (4 semesters): 18 weeks

Part-time study (6 Semesters): 39 weeks

Surname, First Name:	
Matriculation No.	
Study Programme:	

I confirm that my application requirements are fulfilled in accordance with the module handbook of my study programme.

Start Date (if not specified: processing date of the examination office):	
Work Topic (this title is considered as template for the final certificate):	

Supervisor from the university:	
Signature Supervisor university:	
Supervisor on the part of the company (when applicable please also fill out the second page):	
Company's name and address:	
Deadline (to be filled by examination office):	
Further information	Two bound copies must be submitted to the examination office, the digital version has to be submitted to the examiner. The type and form are agreed upon between the student and the examiner.

I hereby confirm that I have read and understood the guideline for registering and submitting the master's thesis and that the information given above is correct.

Date, Signature of Student

Date, Signature Examination Office

**Declaration of Consent
to the listing as a reference partner
of the SRH University of Applied Sciences
in North Rhine-Westphalia**



We hereby agree to be named as a reference partner of the SRH University of Applied Sciences in North Rhine-Westphalia. We hereby authorize the use of:

The Company name (yes/no)	
The name of the title of the student project (yes/no)	
The Company logo (yes/no)	

in the reference list of the SRH University of Applied Sciences in North Rhine Westphalia on its website and its marketing brochures.

We also approve:

The linking of the Company logo to the Company homepage (yes/no)	
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This declaration of consent can be revoked in writing at any time.

Company contact details:

Company name:	
Company address:	
Company contact person (surname, first name):	
Phone number:	
E-Mail address:	
Address (if different from the above address):	

Date, Signature, Stamp