Universität Rostock Traditio et Innovatio

- Please **print on both sides**!
- Fill out only the first page and submit it to the examination office (Studienbüro)

Fakultät für Maschinenbau und Schiffstechnik, Albert-Einstein-Str. 2, 18059 Rostock

Application for Approval of a Master's Thesis

Last name, first name _____ Matrikel – Nr.: _____

Telephone _____

Study program:
☐ Biomedical Technology ☐ Mechatronics ☐ Industrial Engineering
☐ Mechanical Engineering ☐ Sustainable Maritime Engineering ☐ Schiffs- und Meerestechnik (auslaufend)

I hereby apply for approval to begin my master'2 thesis

Institute _____

supervisor: _____
(Title first and last name)

Declaration of Eligibility for the Master's Thesis:

II confirm that I meet the admission requirements set forth by SPSO **and** that I will not take a leave of absence during the processing period.

I request to write my master's thesis in a language other than German

☐ English ☐ other language _____

The master's thesis is to be completed at an institution outside the University of Rostock.

_____
Name and address of the institution

Place, date Signature of studtent

Note:
- Submit an electronic version (via email) to the MSF Student Office and, if requested, two bound copies (no ring binders); please clarify this with your supervisor ift this is needed
- Failed master's theses must be retaken in the following semester; a leave of absence may not be requested
- Please note the content requirements for the title page—see Thesis Guidelines (Hinweise Abschlussarbeit)
- The last page of the thesis must contain only: Affidavit (Eidesstattliche Erklärung)

To be filled by the examination office

Admission requirements met ☐ yes ☐ no ☐ preliminary

LP: _____ / _____ LP are required

date & signature: _____

Please note: The application will not be forwarded to the desired department until the Examination Office has reviewed it.

Prüfungsamt
cc: StudentIN
cc: ErstgutachterIN

Please only fill this page after admission by the examination office

Topic for the Master's Thesis

First supervisor

Institute | Title,, First and last name

Second supervisor

Institute | Title,, First and last name

Address of second supervisor (in case of external supervisors)

I agreed with the candiate

Matriculation number, first and last name

for his/her Master's thesis on the following topic:
(Please fill this out in legible block letters)

German:

English:

The master's thesis will be conducted at the following institution outside the University of Rostock:

The master's thesis is written in a language other than German.

☐ language:

I am supervising this thesis and request that the chair of the thesis committee to approve the topic.

☐ Printed versions of the thesis are requested

date, signature of first supervisor

date, signature of second supervisor

(optional) Preferred start date
(may not be in the past):

Seal of the institute

To be filled by the examination office

The topic and the advisors have been confirmed: ☐ yes ☐ no

Deadline for submitting the master's thesis (to the examination Office) Rostock,

Chair of the Examination Committee

note:

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