

To: Examination Office

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## Registration for Thesis

Personal details	
Name, first name	
Student ID	
degree programme	
Address	
Information about your thesis	
Time required	Months / Weeks
1st examiner (name and academic title)	
Sign	
2nd examiner (Name and academic title)	
Name of company/institution	
Title of thesis	
Date / Signature of the student	
<p>The thesis must be submitted in <b>digital form</b> via <a href="#">Gigamove</a> by the deadline specified below.</p> <p>If the examiners deem a printed version necessary, it can be ordered from the university's print shop.</p> <p> <input type="checkbox"/> Printed copy for 1st examiner         <input type="checkbox"/> Printed copy for 2nd examiner       </p> <p>For the sake of the environment, please check whether printing is necessary.</p>	
To be completed by the Examination Office	
Start of processing period:	Submission of thesis:
Processing deadline extended until:	Submission date:
Admission requirements have been met.	Admitted to thesis.
Examination office:	Examination Board:

## Protocol of the colloquium

Student details	
Name, first name	
Student ID	
Information about the exam	
Examination date/location	
Assessors present	
Guests	
Main points of discussion	
Assessment of the examination	
Participation in the seminar for the final thesis is confirmed.	
Grade for the thesis 1st examiner: _____	
Grade for the thesis 2nd examiner: _____	
Grade for the colloquium: _____	
_____ Signature of first examiner	_____ Signature of second examiner

## Declaration of Consent to the Publication of Electronic Documents

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Place, date

Signature (author or publisher)

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I confirm that the file I have submitted corresponds to the original version of the thesis approved by the reviewer in terms of form and content.

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Place, date

Signature (author)

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Place, date

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**Magdeburger Str. 50**

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