

Admission to the Master thesis

This application form must be completed in compliance with the study and examination regulations (Studien- und Prüfungsordnung - **StPO**) for the M.Sc. course 'Functional Materials' of the Department of Physics, Philipps-Universität Marburg, established **March 27, 2015 – last updated November 2, 2016**
 – Scheduled duration: six months –

Mat.-No.: _____

Family Name: _____ Given Name: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Email: _____ Phone: _____

The Master thesis will be written in the research group: _____

Examiner/Tutor: _____

STUDENT

The following prerequisites apply:	
Functional Materials - StPO established March 27, 2015	
You must be matriculated in the current semester and while working on your thesis project. You must have earned at least 60 total credit points.	You must have successfully completed the modules: <ul style="list-style-type: none"> A4 "Project Laboratory" and A5 "Research Laboratory"

§ 23, Absatz 8 – StPO, Functional Materials (§ 23, Section 8 - study and examination regulations) <input type="checkbox"/> I have already failed the thesis once ^{1,*} *) The new task must be assigned within six weeks after notification of the failure!	§ 23, Absatz 7 – Allgemeine Bestimmungen (§ 23, Section 7 - General Provisions) <input type="checkbox"/> I have already returned the assigned task once within the statutory two-week period. ^{1,**} **) The new task must be issued within two months after the first task was returned!
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Marburg, _____ Date _____ Students Signature _____

EXAMINATION OFFICE

Validation of the Examination Office	
We approve the student's application. He/she has fulfilled the prerequisites for the registration of his/her Master thesis.	
Marburg, _____ Date _____	_____ Examination Office

EXAMINER/TUTOR

Endorsement by the Examiner/Tutor	
for the Examination Board of Physics	
I accept _____ as a candidate for the Master thesis.	
The preliminary topic of the work is: _____	
The thesis work will start on _____	
Marburg, _____ Date _____	_____ Signature - Examiner

¹ Please tick a box if applicable, and fill in the form.