

Application for Defense of the Master's Thesis

Matriculation No.									
Surname									
First name									

Title of master thesis:

Date of issue (dd/mm/yyyy): date of submission of the Master thesis (dd/mm/yyyy):

	Faculty / Institution
First examiner/ thesis supervisor	
Second examiner	
Assessor	

§ 18 (2) Examination Regulations for Integrative Neuroscience - Prerequisite for admission to the symposium is that after all Audit plan required coursework and examinations have been performed and that the master-work has been of two examiners with at least "sufficiently" evaluated.

Date/Signature (Proposer): ____.___. / _____

-----DO NOT WRITE BELOW THIS LINE - EXAMINATION COMMITTEE USE ONLY------

_.__. / _____.

The composition of the Commission is supported / is as follows:

The defense opened / not opened. Reason for the rejection of the defense

Date/Signature (Chair of Examination Committee):



Reports master thesis:

- See attachment

Restrictions (corrections, additions, etc):



Protocol Master Colloquium:

The candidate explained by request of the chairman the Test capability:

Yes / No

signature student: _____

Duration of lecture (in minutes):

Comments on the paper (results of the work, theses, reports – please add if it is necessary, an extra page):

Questions and discussion:

Date: _____

First examiner/ thesis supervisor Second examiner

Assessor



assessment:

possible assessment levels:

•	German Grade	Letter Grade	Grade Points
	1,0	А	4.0
	1,3	A-	3.7
	1,7	B^+	3.3
	2,0	В	3.0
	2,3	B-	2.7
	2,7	C+	2.3
	3,0	С	2.0
	3,3	C-	1.7
	3,7	D+	1.3
	4,0	D	1.0
	5,0	F	0.0

Please enter only the German grades

Grades Master		
thesis:		
(see thesis reports)	First examiner/thesis supervisor	Second examiner

Grade Master Colloquium:

confirmation of the results by the master commission:

First examiner/					
thesis supervisor					
Second examiner					
Assessor					
total predicate Master t (will be calculated in the					
Final grade (will be calculated in the	e examination office)				
Date/Signature (Chair of Examination Committee):					
	·-	/			

I have my certificate, diploma supplement and a transcript of records received on:

Date/Signature (student):