



Prüfungsamt Physikingenieurwesen

An den Prüfungsausschuss
Stegerwaldstraße 39, Raum A 206
48565 Steinfurt

Application for admission to Master's thesis - Master Photonics		
_____ Surname, First name		_____ Address
_____ Matriculation number	_____ E-Mail Address ("@fh-muenster.de")	_____ (Mobile)Telephone number
<p>I would like to apply for admission to the Master's thesis in the degree programme Photonics.</p> <p>Hitherto, I have made no attempt to write a thesis in the same course of studies at this or any other University.</p> <p>I agree to the storage and further processing of my data as part of the alumni activities. Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
Steinfurt, _____ Date	_____ Signature Applicant	
<p>Declaration of commitment of the first examiner (who has to be a professor of the department) The undersigned agrees to issue a thesis with the topic</p> <p>_____</p> <p>_____</p>		
<p>to the applicant and to supervise and evaluate the aforementioned.</p> <p>Name of first examiner: _____ Name of second examiner: _____</p> <p>Academic Degree: _____</p> <p>E-Mail: _____</p> <p>Name & address of the institution: _____</p>		
Steinfurt, _____ Date (Start Date)	_____ Signature First Examiner	_____ Signature Second Examiner
<p>Check of admission requirements (to be filled in by the Examinations Office)</p> <p>Missing examinations _____</p> <p><input type="checkbox"/> All module examinations have been passed successfully</p>		
Steinfurt, _____ Date	_____ Signature Administration	



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Admission

The applicant will be admitted to the above thesis.

Deadline at examinations office not later than: _____

(Postal delivery: postmark will count)

Steinfurt, _____

Date

Signature Representative of the Examinations Board

Examinations Office: Stegerwaldstraße 39; 48565 Steinfurt, Room A206; pruefungsamt-phy@fh-muenster.de