



Thesis Request Form

Degree program

Please fill out this form online before printing

Name: _____ First name: _____ Student ID: _____

Phone: _____ Email: _____

Herewith I submit the following thesis topic and examiners.

Thesis topic

(The thesis topic has to contain the name of the organism resp. the organism group which will be worked with.)

Examiner _____

Examiner _____

If the Examiner is PhD- student, signature Head of research group:
(BSc-Thesis only)

If the examiner is external, Institution: _____

Address:

Email: _____

Phone: _____

Please note:

External Examiner's has to be committed by the head of the examination board in individual cases.
You will find Information about the application on the website of your study program

_____ Place _____ Date _____ Student _____

I hereby confirm the thesis title as stated above.

_____ Place _____ **Date= start of work on thesis**
Not more than 2 weeks before
transmission to the academic office _____ Examiner _____

Note:

Students have to be registered at Universität Hamburg until the final passed examination needed for the degree, meaning until both reviews of the thesis will be arrived at the academic office.

The oral examination called colloquium has a duration of approx. 30 minutes and will be accomplished by one of the examiners together with an assessor. It will be logged with the form for an oral examination.

A registration for the colloquium is not needed. Please arrange the examination date with the examiner directly. The assessor has to hold minimum the academic degree which you are aspiring for.

To completed by the academic office/ Head of the examination board

Herewith the examination board appointed the requested persons as the examiner for the thesis of the above-mentioned student on his session from:

Head of the examination board