

MASTER'S THESIS APPLICATION FORM

Personal data	
Surname	
First name	
Term-time address	
Home address	
Tel. / Mobile	
E-Mail Address	
Educational data	
Matriculation No./Course code	
Year of enrollment	
Other Specialized Management Competence Modules	
Competence Area Marketing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Master's Thesis	
Preliminary Title	

DATE

SIGNATURE (Student)

DATE

SIGNATURE (Supervisor)

Enclosures: Research Proposal, Academic Records, Biographical Sketch

DEPARTMENTAL MEETING

Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assigned Supervisor	<input type="checkbox"/> Hofer <input type="checkbox"/> Teller <input type="checkbox"/> Werani <input type="checkbox"/> _____
Additional comments	

DATE

SIGNATURE (Head of Institute)