

## MASTER'S THESIS REGISTRATION FORM

<b>STUDENT</b> Surname and First Name	
<b>MATRICULATION YEAR</b>	
<b>MASTER'S PROGRAMME</b>	
<b>DISSERTATION TITLE</b>	
<b>SUPERVISOR'S NAME</b>	
<b>SUPERVISOR'S SIGNATURE</b>	
<b>CO-SUPERVISOR</b> (indicated by supervisor)	
<b>DATE</b>	
<b>EXPECTED SUBMISSION DATE</b> (December / May / August)	

**Please hand in to:**

Sara Bernasconi – Examinations Secretary  
Master's programme Director