

# Application for Admission to the Master's Thesis

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Student ID number: \_\_\_\_\_

Full name: \_\_\_\_\_

Current address/Alternative address:

E-mail: \_\_\_\_\_ Tel/Cell: \_\_\_\_\_

Thesis topic:

**First Supervisor & (examiner):**

Institution:

Date and Signature:.....

**Second Supervisor:**

Institution:

Date and Signature:.....

*(or separate, signed and dated document of agreement)*

**Date and Signature (student)**.....

Proposed Thesis submission date: \_\_\_\_\_

Proposed Thesis defence date: \_\_\_\_\_

**To be completed by the program administration:**

Applicant successfully completed first-year modules  yes  no

Applicant completed an approved internship of eight weeks  yes  no

Date and Signature (**program coordinator**):.....

**Comments:**