Name, first name Course of study: RET

Street matriculation number:

Zip code, City

TU Ilmenau

Examination Office MN

Mrs. Manja Krümmer

Weimarer Straße 25

98693 Ilmenau

**Application for registration of the master thesis Date:**

Dear Mrs. Krümmer,

I hereby register my master thesis, which I will write in the subject area XXX.

**Title of the master thesis:** XXX

Scientific supervisor: XXX

Responsible professor: XXX

Start of the master thesis: XXX

Chairman of the examination board of the RET program: Prof. Dr. Thomas Hannappel

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Place, Date Prof. Dr. Thomas Hannappel

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Place, Date Responsible professor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, Date Scientific supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place, Date Student