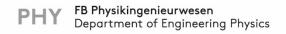


Prüfungsamt Physikingenieurwesen

An den Prüfungsausschuss Stegerwaldstraße 39, Raum A 206 48565 Steinfurt

Application for admission to Master's thesis - Master Photonics	
Surname, First name Address	-
Matriculation number E-Mail Address ("@fh-muenster.de") (Mobile)Telephone number	
I would like to apply for admission to the Master's thesis in the degree programme Photonics.	
Hitherto, I have made no attempt to write a thesis in the same course of studies at this or any other University.	
I agree to the storage and further processing of my data as part of the alumni activities.	
Yes No	
Steinfurt,	
Date Signature Applicant Declaration of commitment of the first examiner (who has to be a professor of the department)	
The undersigned agrees to issue a thesis with the topic	
	_
to the applicant and to supervise and evaluate the aforementioned.	_
Name of first examiner:Name of second examiner:	
Academic Degree:	
E-Mail:	_
Name & address of the institution:	_
Stainfurt	
Steinfurt, Date (Start Date) Signature First Examiner Signature Second Examiner	
Check of admission requirements (to be filled in by the Examinations Office)	_
Missing examinations	
All module examinations have been passed succesfully	
Steinfurt,	





Prüfungsamt Physikingenieurwesen

An den Prüfungsausschuss Stegerwaldstraße 39, Raum A 206 48565 Steinfurt

Admission		
The applicant will be admitted to the above thesis.		
Deadline at examinations office not later than:(Postal delivery: postmark will count)		
Steinfurt,		_
Date	Signature Representative of the Examinations Board	

Examinations Office: Stegerwaldstraße 39; 48565 Steinfurt, Room A206; pruefungsamt-phy@fh-muenster.de