



Notification of the Master Thesis

Student	
Study Code: UN 066 329	Matriculation number:
Family name:	First name:
E-mail:	Phone number:

Master Thesis	
Master Thesis topic (Headline):	
Subject area, special field:	
Date:	Signature Student: _____

Supervisor	
Name:	e-mail:
Institute/Department/Clinic:	
<i>I hereby agree to supervise the above-mentioned Master 's thesis according to the guidelines of the currently valid curriculum.</i>	
Date:	Signature Supervisor: _____

Co-supervisor (if the Supervisor is not affiliated with the MedUni/Uni Vienna)	
Name:	
Institute/Department/Clinic:	
<i>I hereby declare my willingness to act as corresponding supervisor for the above-mentioned master 's thesis</i>	
Date:	Signature Co-Supervisor: _____

Carry out at	
Institute/Department/Clinic:	
Address:	
Head of Institute/Department/Clinic:	
<i>Noted and approved</i>	
Date:	Signature Head of Institute: _____

-----Completed by the Department for Students Affairs-----

Approved	
The Master Thesis Topic and Supervisor(s) is/are approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date:	Signature Curriculums Director: _____