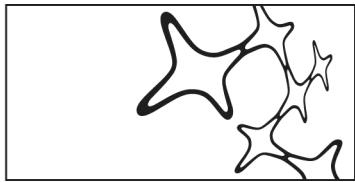




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LMU excellent
Graduate School of Systemic Neurosciences



v01/02/16

Registration form for Master's thesis

Name of student: _____

Matriculation Number: _____

Thesis start date: _____ Thesis due date: _____

(in accordance with study regulations §14(7))

Name of internal supervisor: _____

Name of external supervisor: _____

(only required for thesis abroad/ outside of Munich)

Supervising laboratory: _____

Title of Master's thesis: _____

The information provided above is correct and complete to the best of my knowledge.

Place, date

Signature student

Place, date

Signature **internal** supervisor

To be completed by the Examination Board:

The topic of the Master's thesis and indicated supervisor(s) have been approved.

Place, date

Signature chairperson of Examination Board