

## Request for an Examination Authorization

Hereby, I

Name, Title:

Email:

Office Address:

Current Position:

- A CV including information on my education and teaching experience as well as a list of publications are attached to this document.

If necessary as a web link:

request the following examination authorization

Type of Authorization:

Course / Module:

- Applied Data Science B.Sc.  
 Applied Data Science M.Sc.  
 Applied Computer Science B.Sc.  
 Applied Computer Science M.Sc.  
 Computer Science Two Subjects

If apl. restricted to  
Area of Specialization:   
(Applied Computer Science only)

Practical Course / Project

Course / Module

Primary Supervisor for a Final Thesis

Secondary Supervisor for a Final Thesis

In case of a Practical Course, Project or Final Thesis:

Name of the Student:

In case of a Final Thesis

Thesis Title:

Additional Supervisor:

Place

Date

Signature of the Applicant