GEORG-AUGUST-UNIVERSITÄT GÖTTINGEN

FAKULTÄT FÜR MATHEMATIK UND INFORMATIK

INSTITUTE OF COMPUTER SCIENCE

Request for an Examination Authorisation

Name:

Degree:

Address:

E-Mail:

Telephone:

Current position:

Short CV with qualification and teaching or professional experience (if necessary www.-link or hint to attachment) :

Type of Authorisation:

(if apl.) Module Practical Course/ Project:

(if apl.) Course/ Module

Area of Specialisation:

For Individual Examination Authorisations:

Thesis Title:

Name of the student:

Signature (Applicant):

Place	Date	Signature

Approval of Examination Authorisation by Examination Board:

Place	Date	Signature

Goldschmidtstraße 7
37077 Göttingen

www.ifi.informatik.uni-goettingen.de
studiendekan@informatik.uni-goettingen.de

Tel. +49 551 39-172010
Fax +49 551 39 14693