

To the examination office of
Mathematics and natural sciences
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Goldschmidtstraße 1
37077 Göttingen

Please hand this form in via E-Mail to:
salomea.gunia@zvw.uni-goettingen.de

Form for registering a thesis in

- Bachelor's degree course mathematics Master's degree course mathematics

Field of study specialization of the thesis:

- SP 1 "Analysis, Geometry, Topology" SP 3 "Numerical and Applied Mathematics"
 SP 2 "Algebra, Geometry, number theory" SP 4 "Mathematical Stochastics"

Study track chosen in the Bachelor's degree course:

- F - "general research oriented"
 P - "practically oriented"
 Phy - "physics profile"

Study track chosen in the Master's degree course:

- F - "general research oriented"
 W - "Econometrics"
 Phy - "Physics"
 MDS - "Mathematical Data Science"

Student Data

matriculation number: E-mail:
name: surname:

Topic of the thesis (German or English)

PLEASE WRITE CLEARLY AND IN CAPITAL LETTERS.

English translation of the title if given in German above:

The 6 months duration of thesis work begins on this date:

I am aware that according to the matriculation regulations, the submission of the thesis cannot be in a semester of leave. This regulation means that the thesis has to be submitted before the start of the semester on leave.

I affirm that I have not yet finally failed a bachelor's (respectively master's) degree examination in the same or a comparable course of study at a university in Germany or abroad.

date

signature student

Confirmation first supervisor

academic title:

name:

surname:

telephone:

E-mail:

institution:

I hereby confirm that I have the permission to supervise Bachelor's /respectively Master's theses in mathematics at the university of Göttingen and that I am going to supervise the above named bachelor's / master's thesis as well as to prepare an assessment on the thesis within the deadlines according to the examination regulations of four weeks for the bachelor and six weeks for the master from submission of the thesis on.

date

signature first supervisor

Confirmation second supervisor

academic title:

name:

surname:

telephone:

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date

signature second supervisor

Admission Bachelor's / resp. Master's thesis

The above named student is hereby admitted to register a thesis in the named degree course.

date

head of the examination committee