REGISTRATION FOR THE DEFENSE / COLLOQUIUM

Bachelor Master	
Surname, Forename:	
Born on: Matriculation (Student) No.:	
E-Mail:	
The topic/ the title of the thesis:	
Name of the first reviewer and the second reviewer:	
I hereby register my colloquium date agreed with the reviewers in due time (two weeks before the exam dat	 te)
Appointment (date and time):	
I hereby request a change of second reviewer for my colloquium/defence.	
The name of the second reviewer is:	

Place, date, signature of the student