

## Application for individual examination authorization for a thesis in mathematics at the Fakultätsrat

Lecturer; Name, Title:			
	Place, Date		Signature
Current position:			
University / company address			
E-Mail:			
	of publications	s together	und, teaching, past thesis supervision with this application. (For the latter ble.)
Application for degree course	☐ BSc Math		☐ BSc Mathematical Data Science ☐ teaching prof. M.Edu. or BA:
	☐ MSc Mat	thematics	with track:
Application for	Fir	rst supervi	sor Second supervisor
Title of the thesis:			
Name of student:			
Further supervisor will be:			
	Place, Date		Signature
Not to be filled in by the applicant	from here on		
Acknowledgement by the Dean of		ice, Date	 Signature
Approval by the Fakultätsrat:	yes	no	· ·