

REGISTRATION FOR FINAL ORAL MASTER'S EXAMINATION AND / OR SUBMISSION OF THESIS FOR ASSESSMENT

	Family name:	Given name(s):		
Personalia	Any former name(s):	Date of birth:	Social security no.:	Student no.:
(PLEASE USE CAPITAL LETTERS)	Diploma address:		Postal code:	
	Email address (not student mail):		Phone number:	
	Department:			
	Program of study (and if applicable, specialization):		Course code:	
REGISTRATION	Supervisor:			
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	Subtitle (if applicable): Suggest search words (optional):			
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I hereby certify that th	e submitted PDF version in co	ntent is identical to the	e printed version of m	y Thesis.
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For regular Master's students: This registration *applies only to the oral Master's examination* (and not to any written exams). This form is to be handed in at your Department. You will need to present a valid semester card upon submitting the registration form. The oral examination is the only part of the final Master's examination which may be taken outside the ordinary examination period.

For students in Master of Management: This form, including your Thesis, must be submitted at the Department responsible for your Thesis specialization, normally the Department to which your supervisor is affiliated.

Remember to inform the Department and the Examination Office if you decide to withdraw from the exam!

