

InformationRequestForm

- Bachelor thesis Project thesis
 Master thesis Medical diss.
 Student assistant - hours/week:

Date:

Surname: _____

First name: _____

Matr. no.: _____

Street: _____

Residence: _____

Phone: _____

E-Mail: _____

Course of studies: _____

Current semester: _____

Bachelor degree in semester: _____ Grade: _____

Specialisation: _____

Specific previous knowledge / interests (apprenticeship, CAD, medical previous knowledge, optional subjects...):

Topic of possible work / planned field of work:

Memo:

Attachment:

- CV
- Overview of grades
- Certificate(s)
- Miscellaneous: _____