

Notification of commencement of the master thesis

To:
Graduate Training Centre of Neuroscience
Österbergstr. 3
72074 Tübingen

Notification of Commencement of the Master Thesis*

Student's name _____

Master program NB NIP CM

I herewith inform the Graduate School that I start with my master thesis on _____.
I expect to finish the thesis after **6 months** and will submit **3 copies** (glue- or ring-bound) of the
thesis on _____.

► The “working title” of the thesis will be: _____

► The thesis will be conducted under the guidance of: _____

at the (Inst./Dept.): _____

► As second reader of the master thesis I suggest: _____

Date

Signature Student

Signature Advisor