

## Application Master Thesis Project

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To:  
Graduate Training Centre of Neuroscience  
Otfried-Müller-Str. 25-27  
72076 Tübingen

### Application Master Thesis Project

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.): \_\_\_\_\_

Signature Advisor:

► As second reader of the master thesis I suggest: \_\_\_\_\_

Signature Second Reader:

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Date

Signature Student