

To the registrar's office of
the MINT division of
the University of Lübeck



UNIVERSITÄT ZU LÜBECK

Setting a date for the oral examination, master's thesis

| | |
|-------------------------|--|
| Name of student | |
| Matriculation number | |
| Date of birth | |
| Degree course | |
| Current address | |
| Telephone no.: | |
| E-mail | |
| 1st examiner | |
| 2nd examiner | |
| Date / time | |
| Place (e.g. institute) | |

Admission of audience: permitted not permitted

_____ Date Signature of student

_____ Date Signature of 1st examiner

_____ Date Signature of 2nd examiner

_____ Date Confirmation of chairperson of the examination board

Please note:

- The oral examination should take place within one month after submission of the evaluation
- The course of the oral examination must be recorded in writing
- The duration should not exceed one hour
- The mark must be determined immediately after conclusion of the oral examination