

Master thesis agreement

Agreement with the director of the Master thesis for the Master of Medicine

Candidate:

Surname and name

Date of birth

Place of birth and nationality

Private address

Email

Phone number

Enrollment number

AHV number

Thesis director:

Surname and name

University

Institute

Co-director (if applicable):

Surname and name

University

Institute

Title of Master thesis:

Brief description of thesis (100-150 words):

Estimated duration:

Planning steps:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Submission date:

Language:

Date / place: _____

Student

Director

Co-director
