



Master thesis agreement

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

Candidate

Name and surname

Date of birth

Place of birth and nationality

Private address

Email

Phone number

AHV number

Enrollment number

Thesis director

Name and surname

University

Institute

Co-director (if applicable)

Name and surname

University

Institute

Title of the Master thesis

Brief description of the thesis
(100-150 words)

Estimated duration

Planning steps

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

Theme from iCorsi ☐ Yes
☐ No

Place and date of submission

Student's signature

Director

Co-director