

N5T Joint Master Programme thesis agreement form

Master's Programme in _____

PERSONAL DATA OF THE STUDENT			
Name			
University 1 (first year)	Student number	Total of credit units completed	Total of credits
University 2 (second year)	Student number	Total of credit units completed	
Present mailing address, country of residence during thesis writing			
E-mail address		Phone number	

SUPERVISORS AND INSTRUCTORS OF THE MASTER'S THESIS
Name, E-mail or phone number of the supervisor (professor) of the Master's thesis / University 1 Main supervisor <input type="checkbox"/>
Name, degree title (M.Sc/PhD etc.), name of the university/company/research institute, E-mail or phone number of the instructor or other contact person of the Master's thesis / (if applicable)

Name, E-mail or phone number of the supervisor (professor) of the Master's thesis / University 2 Main supervisor <input type="checkbox"/>
Name, degree title (M.Sc/PhD etc.), name of the university/company/research institute, E-mail or phone number of the instructor or other contact person of the Master's thesis / (if applicable)

TOPIC, METHODS AND LANGUAGE
Topic of the Master's thesis and description of methods applied
Language of the Master's thesis: English

THESIS SCHEDULE AND TIMELINE
Deadline for delivery:
Major milestones and timing:
Reporting procedure and meetings agreed on between the student and the supervisors:

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SIGNATURE OF THE STUDENT	
Date / 20	<input type="checkbox"/> Yes, I have read and understood the instructions of the thesis process and contacted and informed both of my supervisors.
	Signature
	Name in block letters

STATEMENT OF THE SUPERVISOR OF UNIVERSITY 1	
I approve of the suggested topic of the Master's thesis	
The Master's thesis has to be returned at the latest ____/____20____	
Date / 20	<input type="checkbox"/> Yes, I have received and read the recommendations for supervisors.
	Signature
	Name in block letters

STATEMENT OF THE SUPERVISOR OF UNIVERSITY 2	
I approve of the suggested topic of the Master's thesis	
The Master's thesis has to be returned at the latest ____/____20____	
Date / 20	<input type="checkbox"/> Yes, I have received and read the recommendations for supervisors.
	Signature
	Name in block letters

The signed form has to be returned to **N.N.** (N5T programme co-ordinator) by **X.X.XXXX**.
Cc: main supervisor and joint supervisor