Fachbereich 1:

Architektur · Bauingenieurwesen · Geomatik

Nibelungenplatz 1

60318 Frankfurt am Main

Examination office

**Registration to the Master Thesis and Colloquium**

**Master Programme “Urban Agglomerations”**

|  |  |
| --- | --- |
| Registration date: |  |
| Processing time: | 18 weeks |
| Colloquium: |  |

First Name: .............................................................................................................................................

Surname: ........................................................................................................................................……..

Matr.Nr.: ...............................................................................................................................................

Email:...........................................................................................................................@stud.fra-uas.de

**I hereby apply for the admission to the Master Thesis.**

The topic of the Master Thesis is:

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|  |
| --- |
| Declaration of the candidate |
| 1. I assure that I have passed all modules of the first and second semester. |
| 1. I approve that the colloquium to the Master Thesis is generally open to the public.   **In case of an appeal, please cross clause b.** |
| 1. I Took note of the displayed examination schedule of the study course. |
| 1. I affirm that I am entitled to take part in examinations in this study course or in any other comparable study course, that I have not finally failed any examination of a module as a student in a correspondent or similar study course at any university in the field of the “Hochschulrahmengesetz” and I am not involved in any pending examination procedures. |

……………………………., ...........................................................................................................................................

(Place) (Date) (Students signature)

Name of the First advisor: ……………………………………………………………………………………………………………………………

Name of the Second advisor:.................................................................................................................................

Frankfurt am Main, .................................................................................................................................................

(Date) (Signature First advisor)

Frankfurt am Main, .................................................................................................................................................

(Date) (Signature Second advisor)

Only to be filled in by the examination office

Admission yes no

Reasons of rejection................................................................................................................................................................... Frankfurt am Main,.....................................................................................................................................................................

(Date) (Signature Chairman of the Examination Board)

Stand 2025/05