## To: Examination office **MSc International Food Business and Consumer Studies** Steinstraße 19 - 37213 Witzenhausen



Date and place of birth  Contact address during the term	Surname, First name		Matriculation number, Campus Witzenhausen			
Postal code, town	Date and place of birth		Begin of studies	Begin of studies		
Postal code, town  Phone/fax  Country/State  Phone/fax  Phone/fax	Contact address during the term  *		Home address	Home address ☐ *		
Phone/fax	Street		Street	Street		
Phone/fax  **Please indicate where we can contact you up until the final exam.*  **Masters Exam Registration in WS/SS*  1.    Module 1 - to be passed before submission of the Master thesis.	Postal code, town		Postal code, town			
Masters Exam Registration in WS/SS  1.    Module 1 - to be passed before submission of the Master thesis.	Phone/fax		Country/State	Country/State		
Masters Exam Registration in WS/SS  1.    Module 1 - to be passed before submission of the Master thesis.	e-mail					
Module 1 – to be passed before submission of the Master thesis.    Module 2 - to be passed before submission of the Master thesis.	Ma	otoro Evom Pogiotrotion in WS/SS	riease iliulcate where we ca	ın contact you up unui trie imai exam.		
Module 1 – to be passed before submission of the Master thesis.    Module 2 - to be passed before submission of the Master thesis.		sters Exam Registration in W5/55				
Module 2 - to be passed before submission of the Master thesis. estimated exam period  2. Hereby I apply to take the Masters examination in	1.					
2. Hereby I apply to take the Masters examination in \ WS \ SS according to § 7 of the joint examination regulations. All required verifications of study have been submitted to the examination office.  3. I am informed that my thesis might be controlled by anti-plagiarism software. Hence, the data will be saved on a protected server, only accessible to the supervisors.  4. Enclosed to this application is my certificate of the undergraduate studies.  5. I agree, that the title of my thesis will be published on the internet \ Yes \ No  Date \ Signature  A. Thesis  As 1. supervisor of my thesis I propose  As 2. supervisor of my thesis I propose  Signature 1. supervisor \ Signature 2. supervisor  Thesis will be submitted digital (3 USB-Sticks plus 1 printed copies)  Title of the thesis:  I will write the thesis \ alone \   \ in collaboration with  Surname, First Name \ Matriculation number, Campus Witzenhausen  B. Study-related stays abroad		Module 1 – to be passed before submission of the	he Master thesis.	estimated exam period		
according to § 7 of the joint examination regulations. All required verifications of study have been submitted to the examination office.  3. I am informed that my thesis might be controlled by anti-plagiarism software. Hence, the data will be saved on a protected server, only accessible to the supervisors.  4. Enclosed to this application is my certificate of the undergraduate studies.  5. I agree, that the title of my thesis will be published on the internet		Module 2 - to be passed before submission of the	ne Master thesis.	estimated exam period		
submitted to the examination office.  3. I am informed that my thesis might be controlled by anti-plagiarism software. Hence, the data will be saved on a protected server, only accessible to the supervisors.  4. Enclosed to this application is my certificate of the undergraduate studies.  5. I agree, that the title of my thesis will be published on the internet	2.	Hereby I apply to take the Masters examination in ☐ WS ☐ SS				
be saved on a protected server, only accessible to the supervisors.  4. Enclosed to this application is my certificate of the undergraduate studies.  5. I agree, that the title of my thesis will be published on the internet						
5. I agree, that the title of my thesis will be published on the internet	3.					
Date  A. Thesis  As 1. supervisor of my thesis I propose  As 2. supervisor  Signature 2. supervisor  Thesis will be submitted digital (3 USB-Sticks plus 1 printed copies)  Title of the thesis:  I will write the thesis alone   in collaboration with  Surname, First Name  Matriculation number, Campus Witzenhausen  B. Study-related stays abroad	4.	Enclosed to this application is my certificate of the undergraduate studies.				
As 1. supervisor of my thesis I propose  As 2. supervisor of my thesis I propose  Signature 1. supervisor  Thesis will be submitted digital (3 USB-Sticks plus 1 printed copies)  Title of the thesis:  I will write the thesis alone   in collaboration with  Surname, First Name  Matriculation number, Campus Witzenhausen  Matriculation number, Campus Witzenhausen	5.	I agree, that the title of my thesis will be	agree, that the title of my thesis will be published on the internet			
As 1. supervisor of my thesis I propose  As 2. supervisor of my thesis I propose  Signature 1. supervisor  Thesis will be submitted digital (3 USB-Sticks plus 1 printed copies)  Title of the thesis:  I will write the thesis alone in collaboration with  Surname, First Name  Matriculation number, Campus Witzenhausen  B. Study-related stays abroad		Date	Signature			
As 2. supervisor of my thesis I propose  Signature 1. supervisor Thesis will be submitted digital (3 USB-Sticks plus 1 printed copies)  Title of the thesis:  I will write the thesis  alone  in collaboration with  Surname, First Name  Matriculation number, Campus Witzenhausen  Matriculation number, Campus Witzenhausen						
Signature 1. supervisor  Thesis will be submitted digital (3 USB-Sticks plus 1 printed copies)  Title of the thesis:  I will write the thesis alone in collaboration with  Surname, First Name  Matriculation number, Campus Witzenhausen  B. Study-related stays abroad	As	supervisor of my thesis I propose				
Thesis will be submitted digital (3 USB-Sticks plus 1 printed copies)  Title of the thesis:  I will write the thesis alone in collaboration with  Surname, First Name  Matriculation number, Campus Witzenhausen  B. Study-related stays abroad	As	2. supervisor of my thesis I propose				
plus 1 printed copies)  Title of the thesis:  I will write the thesis alone in collaboration with  Surname, First Name  Matriculation number, Campus Witzenhausen  B. Study-related stays abroad	Signature 1. supervisor		Signature <b>2. supervisor</b>	Signature 2. supervisor		
I will write the thesis alone in collaboration with  Surname, First Name  Matriculation number, Campus Witzenhausen  B. Study-related stays abroad		o v	Thesis will be submitted printed (	(3 printed copies plus 1 USB-Stick)		
Surname, First Name  Matriculation number, Campus Witzenhausen  B. Study-related stays abroad	Titl	e of the thesis:				
Surname, First Name  Matriculation number, Campus Witzenhausen  B. Study-related stays abroad						
Surname, First Name  Matriculation number, Campus Witzenhausen  B. Study-related stays abroad						
Surname, First Name  Matriculation number, Campus Witzenhausen  B. Study-related stays abroad						
B. Study-related stays abroad	l wi	Il write the thesis	aboration with			
	Surr	name, First Name	Matriculation number, (	Campus Witzenhausen		
			or did you have one or more completed etu	udv-related stavs abroad?		

(If yes: according to HStatG, please fill in the data entry form for the recognition of achievements and attach the stays abroad to the application). C. Work impairment

I and my supervisors are aware that the current restrictions on access to literature or field/laboratory surveys may interfere with my work and that the regular processing deadlines of the examination regulations still apply. Extension requests can only be made in cases of hardship or illness.

Both examiners are involved in the oral exam of 60 minutes. The exam will be carried out in accor-dance to §13 (1) of the joint examination regulations. The examinee must present at the university the results of his/her thesis and also display a comprehensive understanding of the subject presented and related fields. The examinee must be physically present whereas the 2. supervisor may participate via online conference.