

University of Applied Sciences

Request for Change of the Thesis Topic

Department: FB3	Study Programme:
Name:	First Name:
Street:	Zip Code, City:
Phone:	Email:
Student ID:	
1 st Supervisor:	2 nd Supervisor:
I herewith request a cl	hange of Topic as defined thereinafter: Admission Form:
New Title (to be approved)	:
Annotation: The change of the according to the § 21 Abs. 2 R	e Title does not qualify as the return of the Thesis Topi PO!
Berlin,	
Date	Signature of the Student/applicant
******	*************
Approval 1 st Supervisor:	
Approval 2 nd Supervisor:	
Approval of the French stir	n Doord.
Approval of the Examinatio	n Board: