

Request for an Examination Authorization

Hereby, I

Name, Title:

Email:

Office Address:

Current Position:

- A CV including information on my education and teaching experience as well as a list of publications are attached to this document.

If necessary as a web link:

request the following examination authorization

Type of Authorization:

- Course / Module:
- Applied Data Science B.Sc.
 - Applied Data Science M.Sc.
 - Applied Computer Science B.Sc.
 - Applied Computer Science M.Sc.
 - Computer Science Two Subjects

If apl. restricted to
Area of Specialization:
(Applied Computer Science only)

- Practical Course / Project

If apl. In combination with:

- Course / Module

- Primary Supervisor for a Final Thesis

- Secondary Supervisor for a Final Thesis

In case of a Practical Course, Project or Final Thesis:

Name of the Student:

In case of a Final Thesis

Thesis Title:

Additional Supervisor:

Place

Date

Signature of the Applicant