

To the  
Central Examination Office  
- at the university -

Application received on:

**Application for admission to the master's colloquium (thesis defense)  
in Computer and Information Science  
(examination regulations 2020)**

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Name, first name: \_\_\_\_\_ Student ID number: \_\_\_\_\_

Post code, city: \_\_\_\_\_ Street: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby apply for admission to the colloquium on the master's thesis (oral master's examination) in accordance with § 25 para. 6 of the University of Konstanz's study and examination regulations for the master's programme in Computer and Information Science from 31 March 2020 as amended. As per § 25 para. 5, I have enclosed the following documents:

- 1.) **Documentation of passing all course-related performance assessments as per § 3 para. 4 of the examination regulations (see attachment 1 of the examination regulations)**
- 2.) **Certificate of enrolment for the current semester**

I handed in my master's thesis to the Central Examination Office on \_\_\_\_\_ .

As per § 27 para. 1 of the University of Konstanz's study and examination regulations for the master's programme in Computer and Information Science in the version from 31 March 2020 as amended, the contents of the master's thesis and related questions associated with its subject area are the subject of the oral examination:

\_\_\_\_\_  
First examiner (please print)

\_\_\_\_\_  
First examiner's signature

\_\_\_\_\_  
Second examiner (please print)

\_\_\_\_\_  
Second examiner's signature

**The following date has been agreed for the colloquium on the master's thesis:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

I am aware that I am not legally entitled to having my suggestions for examiners taken into consideration. I declare that I have not lost my right to take examinations for the master's programme in Computer and Information Science. I declare that I am not taking part in any other examination procedure. I am aware of the provisions of the current version of the examination regulations.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Applicant's signature

As per § 27 of the University of Konstanz's study and examination regulations for the master's programme in Computer and Information Science in the version from 31 March 2020 as amended, I hereby agree to the suggested examiners.

Konstanz, \_\_\_\_\_

\_\_\_\_\_  
The Chair of the Examination Board (StPA)  
Computer and Information Science



3. Area of supplementary courses (0-18 ECTS)	grade	ECTS-Credits
<b>Transferable skills courses offered by the Department of Computer and Information Science, the Centre for Transferable Skills (SQ), the Language Institute and the International Office (0-6 ECTS)</b>		
Subject-related course in academic writing: Scientific Practices for Students		3
<b>Non-specialist courses from all departments (0-18 ECTS)</b>		

**Area of specialization:**

The area of specialization should be included in the examination and degree certificates:  yes  no

Only needed if specialization should appear on examination and degree certificates:

- |  |   |
|--|---|
| <input type="checkbox"/> Data Science              | <input type="checkbox"/> Software Systems Engineering |
| <input type="checkbox"/> Visual Computing          | <input type="checkbox"/> Algorithmics                 |
| <input type="checkbox"/> Interactive Systems       | <input type="checkbox"/> Exhibition Media Design      |
| <input type="checkbox"/> Other: <sup>1</sup> _____ |   |

The duration of studies until completion of the study programme should be included in the transcript of records:  yes  no

Date \_\_\_\_\_

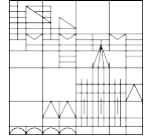
\_\_\_\_\_ signature student

\_\_\_\_\_ signature departmental study advisor

<sup>1</sup> Other specializations need to be approved by the Examination Board (StPA). Please hand in a request to the Examination Board which contains the suggestion for the specialization as well as a signature of your first examiner of the master's thesis.

Please submit to:  
University of Konstanz  
Department of Computer and Information Science  
Examination Office  
PZ 807 – Box 188  
78467 Konstanz

Universität  
Konstanz



## Contact address after your studies

The department would like to stay in contact with its alumni. Therefore, we kindly ask you to indicate an e-mail address which will still be valid after your studies.

Please sign the following statement:

***I have received and read the [data protection information](#). I am aware that the University of Konstanz may use my contact details to maintain contact with me as long as I do not object.***

Name, first name: \_\_\_\_\_

Student ID: \_\_\_\_\_

The following e-mail address will be valid after my studies:

\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_