UNI FR
SCIENCE AND MEDICINE

DEPARTMENT OF PHYSICS
STARTING THE MASTER THESIS

Student

Name: First name:

SIUS-nr:

Supervisor(s)

UniFr supervisor, name, first name:

If applicable, external supervisor, name, first name, university:

Starting the Master thesis

Date:

Provisional title:

Date: ..... Signature of the supervisor(s) :

.....

.....

Once completed and signed, to be transmitted to Anne Fessler, PER08, office 1.54. Thanks!