

English translation from the German, legally binding is only the German original. The translation is for information purposes only.



**FRIEDRICH-SCHILLER-
UNIVERSITÄT
JENA**

**Academic Office for
Student Affairs and Examinations (ASPA)**
Carl-Zeiß-Platz 1 • 07743 Jena

Bachelor's thesis registration form

1. attempt 2. attempt

(Please provide your information accurately as they will be used for your degree certificate.)

.....
Family name, first name

.....
Matriculation number

.....
Date of birth

.....
Place and country of birth

.....
Address

.....
Postcode, city

.....
Telephone

.....
E-mail

Preferred admission date: 15 (Month) 20.....

I hereby request the admission for the bachelor's thesis in the study programme Bachelor of Arts:

..... (name of the study programme) at the Friedrich Schiller University Jena.

Preferred title of the bachelor's thesis

.....
.....

Proposed reviewers

First reviewer

Second reviewer

Please enclose the following supporting documents:

- confirmation of the title by the reviewer (see overleaf)
- certified copy of the secondary school leaving certificate
- proof of language skills (in accordance with the valid study regulations).

Statement

I confirm that I am familiar with the rules of the bachelor's examination regulations on the examination process and deadlines. I will complete and pass all assessed course work and examinations required, including the internship report, before the official end of my studies, i.e. removal from the register of students ("Exmatrikulation").

Furthermore I confirm that I have not definitely failed a similar examination at another institution of higher education and that I am not involved in a pending examination process in a similar study programme.

Place and date

Signature

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Your personal data

Family name, first name

Matriculation no.

Number of semesters in the field of study

Study programme

Confirmation by the examiner

Title of the bachelor's thesis

.....
.....

First reviewer

Institute/department

..... (stamp of the institute)

Signature

Date

Second reviewer

Institute/department

..... (stamp of the institute)

Signature

Date