

Application for master examination

Student information:

First / last name:

Matriculation number:

Master examination details:

Date:

Time:

Location:

Names of all Examiners:

Title:

Signatures:

Student:

Date:

First Examiner:

Date:

Second Examiner:

Date:

Please send this filled form to the study coordinator office (master-dbe@unibas.ch) 3 weeks before the master examination date.