

External examiner form

Faculty of Information, Media and Electrical Engineering - IMP

☐ Bachelor's thesis

☐ Master's thesis

Technology
Arts Sciences
TH Köln

Student ID:

Last name (birth name, if applicable):

First name:

Program:

Specialization:

Email address (TH):

Information about external examiner:

Name, first name:

Academic degree:

Graduated on:

Graduated from:

Current occupation:

Employer:

Topic of the thesis:

Confirmation of external examiner:

I hereby confirm that I will function as thesis advisor of the above thesis and that the information on my person is true and correct.

(date)

(signature of external examiner)

Confirmation of first examiner:

(date)

(signature of first examiner)