LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN

CERTIFICATE

FOR MASTER'S COURSES IN THE FACULTY OF PHYSICS.

Master Astrophysics

Last Name, First Name: _____

MatrikelNr.: _____

Birth Day: _____ in _____

supervised by (Lecturer): _____

has successfully completed the Modules

Introduction to Scientific Working Methods (12 ECTS)

in ◯Summer-◯Wintersemester _____

and

Scientific Project Planing (12 ECTS)

in ◯Summer-◯Wintersemester _____

Munich, _____

_____

Signature (Lecturer)
(For external work, the internal supervisor signs!)

LMU LUDWIG-MAXIMILIANS-UNIVERSITÄT MÜNCHEN

FAKULTÄT FÜR PHYSIK
PRÜFUNGSAMT

Supervision of the Master's Thesis in the Master Astrophysics

I hereby confirm,

Name Lecturer: _____
(Only members of the teaching staff of the Faculty of Physics can supervise a master's thesis)

that Last Name, First Name: _____

can do the master's thesis with me. The provisional working title is:

_____

_____

_____

This thesis is in the field

◯ Experimental Working and Instrument Development in Astronomy

◯ Development and Application of Theoretical and Numerical Methods in Astrophysics
(You have to select one option.)

The master`s thesis starts on _____ .
(The date is entered by the supervisor.)

Munich, _____ _____
Signature (Lecturer)

Information on how to proceed:
The master's thesis must be registered with this certificate and proof of the successful project phases by the student at the Physics Examination Office with Marion Fulgieri, Schellingstr. 4, room H 416. The examination office will check whether you still have the right to take the examination. When you register the date for submitting your master's thesis is set (23 weeks later).