



To the Study Office of the **Asien-Afrika-Institut**,
Edmund-Siemers-Allee 1, Raum 55, 20146 Hamburg

Application for admission to the final master's module

(according to § 8 Examination Regulations of the Faculty of Humanities for study programs leading to the degree Master of Arts)

I hereby apply for admission to the final master's module in my program of study:

Profile/Focus:

I am enrolled.

Matriculation number:

I have successfully participated in all mandatory and mandatory elective modules of my subject.

Note: <http://www.uni-hamburg.de/pruefungsordnungen>

Last name:

First name:

Street, house number:

Postal code, city:

E-mail address:

I have already obtained a master's degree at another scientific institution of higher education (please mark and attach copy of a certificate, if applicable): _____

I have checked my personal data in STiNE (name incl. all first names, place and date of birth etc.); it is complete/correct and can be used for the graduation documents. I will contact the Campus Center if any changes have to be made.

I acknowledge that the deadline for the submission of the master's thesis automatically starts with the date of the last signature at point I. or II. The letter of acceptance will be submitted to me during the first weeks of the working period.

Date, signature of the applicant

Date, submission to MA final module approved, signature of the chairperson of the Examination Committee

Name of applicant or matriculation number

In agreement with the supervisor the binding topic (=title) of the master's thesis is:

(Please send us the title separately per e-mail: pa.aai@uni-hamburg.de)

Language of the master's thesis (if not German): _____

I. Reviewer *(must be Prof. Dr. / subject representative, authorized to examine according to § 12 Examination Regulations M.A.)*

I hereby certify that the applicant has successfully participated in all mandatory and mandatory elective modules of the above-mentioned subject and can therefore be admitted to the final master's module (cf. FSB). I agree to the above-mentioned topic of the master's thesis and declare my agreement to supervise it, to submit the review within the stipulated period (cf. PO M.A. § 14, 10), as well as to conduct the oral examination (if applicable).

Prof. Dr. _____

Last name, first name

Date

Signature of the authorized reviewer

Date of the oral examination, if applicable

II. Reviewer *(authorized to examine according to § 12 Examination Regulations M.A.)*

I agree to submit the review for the master's thesis.

Prof. Dr. _____

Last name, first name

Date

Signature of the authorized reviewer

III. Examiner of the oral examination, if not named under point I. or II.

(authorized to examine according to § 12 Examination Regulations M.A.)

I agree to conduct the oral examination.

Prof. Dr. _____

Last name, first name

Date

Signature of the authorized examiner