Registration form for methodological consulting for theses

Name:
First Name:
Title of the Theses:
Bachelor / Master:
Supervisior(s):
I confirm that I have informed all supervising persons about my request for methodological
consultation and have their consent.
I also ensure that I clearly state the type and scope of the consultation in the thesis (e.g. for research questions, selection of statistical models).
<u></u>
Signature, Date