

Surname/ First name:		Register number:	
Study programme/ specialisation:			
E-Mail:			

**Bachelor's degree**

**Master's degree**

To the examination board of the Faculty of Economy

**Application for admission of an external second examiner for my thesis /**

*hereby apply for the authorisation of Mr/Mrs*

Title / Surname / First name:	
Degree / qualification:	
Company/Place:	

*as second examiner for my final thesis.*

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Place/Date

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Signature Student

## Personnel form

for the admission of second examiners within the scope of the  Bachelor thesis  Master thesis by

Surname, First name	Register number	Study programme	First examiner

In suitable examination areas, the Examination Board may, in individual cases, appoint suitable persons to conduct examinations who are not authorised lecturers at a university.

**Please fill out this form carefully and completely. The data requested will be used exclusively for the decision-making process for the appointment of examiners.**

### 1. Personal data

Surname, first name, title, date of birth	
Address	

### 2. Training, studies, qualification (please enclose a copy of your doctorate/ diploma/ bachelor's degree certificate)

<input type="checkbox"/> Attachments

### 3. Current professional activity

Employer	
Function exercised	
Telephone on duty, E-mail address	

### 4. Activities in practice, research and teaching (please enclose attachments if applicable)

<input type="checkbox"/> Attachments

I hereby confirm that the above information is correct. If I am appointed as an examiner, I undertake to maintain confidentiality. I will treat all information that becomes known to me in the course of my appointment as an examiner as confidential.

\_\_\_\_\_  
Place, Date

\_\_\_\_\_  
Signature Second examiner