Request for a Master Thesis performed outside ETH

Please fill out the form appropriately, have it completed and signed by your supervisors, and send it to the Study Administration, *ivana.rajkovic@pharma.ethz.ch*. Registration for the thesis in myStudies before starting is mandatory!

Programme Pharmaceutical Sciences	s 🗌 Pharmacy
Student Name:	First name:
Date:	Signature:
Master's thesis carried out externally	
•	
External Supervisor	
Name: Position:	Tel. No
eMail:	Signature:
Professor supervising the Master	s thesis (internal supervisor)
Name:	First name:
<i>Declaration by the internal supervisor</i> I hereby declare that	
 the planned Master's thesis, as an integra scientific level 	I part of the Master's programme, has the required
- the external supervisor is qualified to supe	
 adequate infrastructure is available for the project study regulations (e.g. thesis duration, rules regarding payment) have been communicated to the student 	
 I will grade the Master's thesis and enter t 	he result in eDoz.
Date of start of the Master's thesis:	
Date: Signature:	
Approval by the director of studies	s (will be taken care of by the student administration)
Date:	Signature:

Research Outline (200 words)