

To the Teaching Unit: *Climate, Earth, Water, Sustainability*
University of Potsdam | Faculty of Science

Registration for the Master's Thesis Defense

Surname: _____ First name: _____ Matriculation number: _____

Title of the thesis:

Date and time of the defense: _____

Venue of the defense: _____

Please note: The defense must be held in a room at the University of Potsdam. If necessary, the coordinator will help you find a room.

First reviewer: _____

Second reviewer: _____

Optional: Third member of the defense committee (name, institution):

Please note: In principle, the two reviewers (see above) act as examiners in the defense. The first reviewer is the chairperson of the committee and must ensure that the thesis has at least been passed at the time of the defense (see §30(11) BAMA-O).

Date: _____

Signature of candidate

Signature of the first reviewer

The proposal for the composition of the examination committee is approved.

Signature of the head of the examination board

Note: The completed and signed form must be sent by e-mail (as a PDF) to kubatzki@uni-potsdam.de at least one week before the scheduled examination date.