

**FORM: Title of the MASTER'S THESIS
CURRICULUM „MEi:CogSci – Middle European interdisciplinary master's programme in
Cognitive Science“**

Name: **Immatr.-Nr.:**

First Name:

Address:

.....

Tel. Nr.:

Email:

(PRELIMINARY) TITLE OF THE MASTER'S THESIS:

.....
.....
.....

assigned by:

.....
**Date / Name / Signature of the Supervisor and
Primary Assessor of the Master's Thesis**

.....
Signature of the Student

Departmental Seal

.....
Signature of the Study Programme Director