

# External examiner form

Faculty of Information, Media and Electrical Engineering - IMP

Bachelor's thesis

Master's thesis

**Technology**  
**Arts Sciences**  
**TH Köln**

Student ID: \_\_\_\_\_

Last name (birth name, if applicable): \_\_\_\_\_

First name: \_\_\_\_\_

Program: \_\_\_\_\_

Specialization: \_\_\_\_\_

E-mail address (TH): \_\_\_\_\_

## Information about external examiner:

Name, first name: \_\_\_\_\_

Academic degree: \_\_\_\_\_

Graduated on: \_\_\_\_\_

Graduated from: \_\_\_\_\_

Current occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

## Topic of the thesis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Confirmation of external examiner:

I hereby confirm that I will function as thesis adviser of the above thesis and that the information on my person is true and correct.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of external examiner)

## Confirmation of first examiner:

The above external examiner is personally known to me.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of external examiner)