Please send us the registration form as a PDF by e-mail to pra.fb03@soz.uni-frankfurt.de AND put the first reviewer in CC. Printed applications will no longer be accepted.



Matriculation number

Name, First Name: _____

Registration of the Master's Thesis in the Subject

Title:

--> I agree / do not agree to provide a hard copy of my thesis to the Library for Social Sciences and Psychology (please delete as appropriate).

--> Do the first and second reviewers want to receive hard copies of the thesis in addition to the PDF? Please answer Yes or No: _____

Frankfurt, dd/mm/yy

Signature of candidate