

Examination plan / request for certificate as of 25 May 2018

initial plan
 voluntary plan
 subsidiary plan request for certificate

Name, first name

Student ID number

Study programme: B.Sc. M.Sc.

Discipline: Mathematics Business Mathematics interdisciplinary

	Module number	Title	Field	CP
M.Sc.* M.Sc. thesis + intro. scientific work		<i>only enter subject area</i>		35
Reg. 2018 Specialisation 1		<i>only enter subject area</i>		18
Seminar 1		<i>only enter subject area</i>		5
Specialisation 2		<i>only enter subject area and CP</i>		
Seminar 2		<i>only enter subject area and CP</i>		
Additional mathematical subject area				
Interdisciplinary field (not required for initial B.Sc. plan)				
Subsidiary (details overleaf)	<i>Subject:</i>		<i>Subsid. CP:</i>	
B.Sc. B.Sc. thesis		<i>only enter subject area</i>		12
Reg. 2018 Seminar		<i>only enter subject area</i>		5
Mandatory subject area	<i>Enter 83 CP (mathematics) or 91 CP (business mathematics)</i>			
Mandatory electives area				

Interdisciplinary electives area			
<i>Studium Generale</i>			
Subsidiary (details overleaf)	<i>Subject:</i>		Subsid. CP:

Subsidiary _____

	Module number	Title	Field	CP
M.Sc.* Subsidiary mandatory elective (not required for initial B.Sc. plan)				
Subsidiary chosen on (date):				
(to be completed by Office for Student Affairs)				
B.Sc. Subsidiary mandatory elective				
Subsidiary mandatory				

(only to be completed for special subsidiaries or a subsidiary in computer science with a major in business mathematics)

(If applicable) non-mathematical specialisation _____

	Module number	Title	Field	CP
M.Sc.* non-mathematical specialisation area (not required for initial B.Sc. plan)				
Specialisation chosen on (date):				
(to be completed by Office for Student Affairs)				
Seminar, project, etc.				

* If new examination regulations have come into force by the time the student begins a Master's programme, the plan for the Master's degree may have to be re-approved.

Special subsidiary representative's signature, if applicable

Student's signature

Place, date

approved by (Examination Board Chair or Study Coordinator)