Master in Pharmacy, Medical Faculty, University of Bern

**Master Thesis Agreement 2024**

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| **Student’s name:** |  |
| **Matrikel number:** |  |

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| **Semester:** | Spring semester 2024 |
| **Title of the Master thesis:** |  |
| **Language of the Master thesis:** |  |
| **Location where thesis will be carried out (Institution, Department, Institute)** |  |
| **Dates:** | Start:(Start window 1.1.2024 - 1.2.2024)End:(6 months after the start, 31.8.2024 at the latest)Full time/ part time: % (80-100%) |

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| --- | --- |
| Date: | Signature of the Student: |

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| --- | --- |
| **Responsible person (project leader)****Name, address, e-mail address** |  |
| Date: | Signature of the responsible person: |
| **Direct supervisor** (if applicable)**Name, address, e-mail address** |  |
| Date: | Signature of the supervisor: |

If applicable (mandatory for external projects):

|  |  |
| --- | --- |
| **Name and address of the Co-supervisor at Uni Bern:** |  |
| Date: | Signature of the Co-supervisor: |

*An electronic copy of the signed agreement must be sent by* ***1st November 2023*** *to* *barbara.rechsteiner@unibe.ch*