Master in Pharmacy, Medical Faculty, University of Bern

**Master’s Thesis Agreement 2026**

|  |  |
| --- | --- |
| **Student’s name:** |  |
| **Immatriculation number:** |  |

|  |  |
| --- | --- |
| **Semester:** | Spring semester 2026 |
| **Title of the Master thesis:** |  |
| **Language of the Master thesis:** |  |
| **Location where thesis will be carried out (Institution, Department, Institute)** |  |
| **Dates:** | Start:  (Start window 5.1.2026 - 1.2.2026)  End:  (6 months after the start, 31.8.2026 at the latest)  Full time/ part time: % (80-100%) |

|  |  |
| --- | --- |
| Date: | Signature of the student: |

|  |  |
| --- | --- |
| **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: |

The following declations are mandatory and must be signed by the students, responsible persons and supervising persons.

**Declarations relating to this Master’s Thesis Agreement**

It is mandatory for the students and responsible/supervising persons to read the Guidelines for the Master Thesis 2026. It can be found here:

<https://ilias.unibe.ch/ilias.php?baseClass=ilrepositorygui&ref_id=1855884>

|  |  |
| --- | --- |
| I have read the Guidelines for the Master Thesis 2026 and will comply with the requirements. | Signature student |
| Signature responsible person/ supervising person |
| I will comply with the working hours reserved for the Master Thesis of 30-35 h per week. | Signature student |
| Signature responsible person/ supervising person |
| As the responsible person or supervisor, I am responsible for a good introduction of the student into the research project and the required working methods, for the supervision of the student during their work and their integration into the team. | Signature responsible person/ supervising person |
| As the responsible person, I will comply with my duty of supervision and have personal conversations with the student on a regular basis. | Signature responsible person |
| As student, I will do my best to get familiar with my topic and actively integrate into the research team. In case of uncertainty or problems, I will approach the responsible and supervising persons at an early stage. | Signature student |

*An electronic copy of the signed agreement must be sent by* ***1st December 2025*** *to* [*pharmazie.meddek@unibe.ch*](mailto:pharmazie.meddek@unibe.ch)