Bard College Berlin
A LIBERAL ARTS UNIVERSITY

DECLARATION OF BA THESIS TITLE

The student must submit the title of the thesis and the name of the supervisor and of the second reviewer to the Examination Board for approval at the end of week 13 in semester 1 of the 4th academic year. Unless it has occurred for a reason beyond the student's control, late registration of the thesis project will not be accepted.

A: STUDENT INFORMATION

______________________	______________________	______________________
Last Name	First Name	Middle Name
______________________	______________________	______________________
Matriculation Number	Concentration Area 1	Concentration Area 2 (*if applicable*)

B: TITLE OF BA THESIS

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C: SUPERVISOR/2nd READER

______________________________	______________________________
Last Name, First Name of Supervisor (First Reader)	Supervisor's Signature
______________________________	______________________________
Last Name, First Name of Second Reader	Second Reader's Signature

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Office use only:

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Date received	approved by Examination Board (date/signature)

Notes: