

Application for Admission to the Assessment Procedure
for the Master's Degree Program in Astrophysics
at the Ludwig Maximilians University of Munich

Last name: _____

First name: _____

Postal address: _____

Phone number: _____

E-mail: _____

Details of your first-degree studies

Title of the degree program completed: _____

University awarding the degree: _____

Overall score*: _____ Date of final examination: _____

Title of your final thesis: _____

Supervisor of your thesis: _____

Score of thesis: _____

Place, Date

Signature

*If you do not yet have your overall score at the time of your application, please add, instead of your degree certificate, a complete overview of the results achieved to date (transcript of records). If your transcript is not complete, please include other evidence to document in full the results achieved during your first degree course.