

An die  
Universität Bremen  
Prüfungsamt FB 3  
Bibliothekstraße 5  
28359 Bremen

**This form must be submitted to the examination office of FB3 in due time  
before the submission of the Bachelor/Master thesis.**

## Nomination of the second examiner

Bachelor thesis      Master thesis    of:

(Name of applicant)

Matriculation number:

Titel of the thesis:

### First examiner

Name:

Address (if not from Univ. Bremen):

### Suggestion second examiner

Name:

Address (if not from Univ. Bremen):

\_\_\_\_\_  
Date, Signature of second examiner

\_\_\_\_\_  
Signature of applicant

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(to be completed by the Examination Board)

The Examination Board nominates the second examiner for the above thesis as proposed.

Bremen, \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature