**Applicant details** Matriculation number

Last name, first name(s), academic title

 Study programme code

UC

Study address: post code, town, street

E-mail, telephone number

College Service Center

Innrain 52a, Ágnes Heller Haus, second floor, room 02M010

6020 Innsbruck

**Scholarship for scientific theses – expert opinion of thesis supervisor**

I hereby confirm that the student is likely to be able to complete his/her thesis with an above-average grade based on his/her proposals for the thesis and his/her academic performance so far.

1. Supervisor:

Job title / academic title / first name / last name /academic title

Comments from supervisor (must be completed):

Date Supervisor’s signature