



LUDWIG-  
MAXIMILIANS-  
UNIVERSITÄT  
MÜNCHEN



**Confirmation of the Academic Supervisor**

I hereby confirm that Mrs./Mr. ...., born .....,  
matriculation number: ..... completes his or her scientific project  
under my guidance.

Winter or summer semester: .....

Subject of the scientific project:



- Weekly working time will be 20 hours for 12 weeks.
- Students will present their scientific findings at the end of their project term (10 minutes oral presentation and 5 minutes discussion). They receive individual feedback from the supervisor and confirmation on the cover page of their final report.
- Participation in courses in scientific competences (at least 24 lessons) is mandatory.

With kind regards

.....  
name/signature academic supervisor  
**stamp**

.....  
date