

Thesis application form

Thank you for your interest in writing a thesis at the Institute of Retail Management. Please complete all fields and attach this form to your e-mail application.

First name	Last name
E-mail address	Telephone number
Thesis level:	
Master's Thesis	
Bachelor's thesis	
Topic / topic requests (max. 3)	
Only topics from our official list of topics. No	own topic suggestions.
Prerequisites	
Retail experience:	
If possible, please list any retail-specific courses	s you have taken at the University of St. Gallen
Academic writing:	
Are you familiar with the rules of academic wri	iting? If yes, please briefly state where you acquired this
knowledge (course/book/previously written wo	ork etc.).
No	
Yes:	

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Mot	ivat	ion:
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What interests you about the selected topic and retail management in general?		



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Organizational questions

schluss arbeiten-irm@unisg.ch

In which language would you prefer to work on the topic?
English
German
Exchange semester
Are you going on exchange during the processing period/before submission? If yes, when?
☐ No
Yes
Planned start date:
Planned submission date:
Please confirm that you have carefully read and understood the information on
the supervision process and the information sheet on theses on the IRM web-
site.
□ No
Yes
Yes Please save this document and attach it to your application together with your