



Registration for the supplementary module (project)

Master of Science in Experimental and Clinical Neuroscience
Universität zu Köln

Personal data	
Surname, First Name(s)	
Matriculation number	
Date of birth	
Address	Street, Number
	Zip code, City
E-Mail	

I hereby apply for registration for the supplementary module.

Supplementary module	
Planned start date	Prospective end date
Topic (working title)	
Project abstract (max. 500 words)	

Institute and Address	
1st reviewer	
Declaration of agreement: I hereby declare that I will supervise the project work of the student listed above. In case of external supervision I declare that I approve of the content and planned implementation of the external project work	Place, Date, Signature
2nd reviewer (Name, Institute)	Signature of second reviewer

Declaration of acknowledgement	
<input type="checkbox"/>	I hereby declare that I have carefully acknowledged the examination regulations concerning the examination of supplementary modules in form of a project work, provided in Official notices 02/2018, Prüfungsordnung für den Masterstudiengang Experimentelle und Klinische Neurowissenschaften der Medizinischen Fakultät und der Mathematisch-Naturwissenschaftlichen Fakultät der Universität zu Köln, §12 (Prüfungsformen Absatz 3 Abschnitt e).

Place, date, signature student

Date of registration for the supplementary module:

Place, date, signature chairperson / vice chair person of the examination committee