



Registration for the Master thesis

Master of Science in Experimental and Clinical Neuroscience
Universität zu Köln

Personal data	
Surname, name	
Matriculation number	
Date of birth	
Address	Street, number
	Zip code, city
E-Mail	

I hereby apply for registration for the Master thesis.

Master thesis			
Planned starting date	<input type="text"/>	End date	<input type="text"/>
Topic (working title)			
Institute and Address			
Thesis supervisor (first reviewer)		<input type="text"/>	
Proposal for second reviewer		<input type="text"/>	

Declaration of agreement I hereby declare that I will supervise the Master thesis of the student listed above.	Place, Date
	Signature of thesis supervisor

Declaration of acknowledgement	
<input type="checkbox"/>	I hereby declare that I have not definitively failed any master's examination in Experimental and Clinical neuroscience or a related course of study. I am not in an ongoing examination procedure.
<input type="checkbox"/>	I hereby declare that I have carefully acknowledged the examination regulations concerning the Master thesis, provided in Official notices 02/2018, §21 (Modul Masterarbeit) Prüfungsordnung für den Masterstudiengang Experimentelle und Klinische Neurowissenschaften der Medizinischen Fakultät und der Mathematisch-Naturwissenschaftlichen Fakultät der Universität zu Köln.

Place, date, signature of student

Date of registration for the master thesis:

Place, date, signature of the chairperson of the examination committee