



Registration for the supplementary module (project)

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	

Project (supplementary module)			
Module start date	<input type="text"/>	Module end date	<input type="text"/>
Topic (working title)			
Institute and Address			
Name of supervisor (in block letters)		<input type="text"/>	
Declaration of agreement I hereby declare that I will supervise the project work of the student listed above.	Place, Date		
	Signature of supervisor		

Declaration of acknowledgement

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 of student

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