Confirmation 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		

Student Declaration	
Start date	End date
Topic (working title)	

I hereby declare that the presented report of the supplementary module is uniquely prepared by me after the completion of six weeks work under the supervison of and .

Date Signature

Supervisor Declaration

We hereby declare that we supervised the suplementary module of the student listed above.

Date Signature

Name

Date Signature

Name