

To
The Head of the Biology Examination Committee
School of Biology/Chemistry
Osnabrück University
Barbarastraße 11 – Examinations Office
49076 Osnabrück

Application for Admission to the Master's Thesis

Surname: _____ First Name(s): _____
Street: _____ Postal Code & Town: _____
Tel.: _____ E-mail: _____

Student ID-No.:

Title of
Thesis: _____

Examiner / Supervisor: _____
First Examiner Surname, First Name(s) Signature

Examiner: _____
Second Examiner Surname, First Name(s) Signature

The applicant is hereby allocated a work station in the
_____ research group.

Signature (Supervisor or Research Group Leader)

I intend to complete my MA externally at: _____
(The external supervisor is the first examiner)

Work commences on:

Work already commenced on:

The project will take the form of group work and be completed together with:

At least one month must have passed between submitting these application documents to the examinations office and the submission date of the thesis.

This registration must be submitted to the examinations office together with the completed form entitled "Admissions Requirements".

(Signature of Applicant)

Osnabrück, dated _____ Head of Examinations Office: _____