UNIVERSITY OF COLOGNE

Master of Science in
Biochemistry and Molecular Medicine

Examination Committee

Prof. Dr. Ulrich Baumann
Chairman

Module MN-BC-MT – Master Thesis Module

Part 2: Registration Master Thesis Defense

➔ ***to be filled out, signed and handed to the Examination Office***

Personal Data

Matriculation No.: Student name:

Email: Mobile Number:

Master's Thesis Defense

Date: Time:

Place (Room, Institute, Address):

First Reviewer/Examiner (Title, Name):

Second Reviewer/Examiner (Title, Name):

External Supervisor (Title, Name):

Declaration of Agreement

The Reviewers agree to submit the thesis evaluation report to the Examination Office at least two working days before the defense date. If the evaluation report is not received on time, the thesis defense date must be postponed by at least 10 days.

First Reviewer/Examiner (Date/Signature):

Second Reviewer/Examiner (Date/Signature):

I agree to be examined in the presence of an audience:

◯ Yes ◯ No

Student (Date/Signature): _____

Department of Chemistry & Biochemistry Examination Office

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