



Module MN-BC-MT – Master Thesis

Master of Science in
Biochemistry and
Molecular Medicine

Record: Master Thesis defense

=>To be filled out, signed and handed to the Examination Office

Examination Committee

Prof. Dr. Jan Riemer
Chairman

Student Name _____

Matriculation Number _____ Date _____

I declare that I am ready for examination by the Examination Committee

_____ (signature)

Name of First Examiner: _____

Name of Second Examiner: _____

Name of Third (optional) Examiner: _____

Name of Minute Keeper: _____

Exam Start (Time): _____ Exam End (Time) _____

Duration: 20 minute oral presentation, 25-45 minute discussion on thesis and scientific background

Subjects examined subjects

	Level of achievement				
	compre- hensively	correct	with aid	par- tially	not

(to be continued on the back)

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