

University of Cologne

Module MN-BC-MT – Master Thesis Module

Part 1: Application Master Thesis

=> *to be filled out and handed to the Examinations Office*

Personal Data

Matriculation No. _____ Student Name _____

Address (Street no, CIP code, City)

Email: _____ Mobile number _____

Master's Thesis (6 month)

First Supervisor/Reviewer (Title, Name) _____

Second Supervisor/Reviewer (Title, Name) _____

[If applicable: Third (external) Supervisor/Reviewer (Title, Name, Institution)

Institute address (only for External Thesis)

Thesis Working Title: _____ Starting Date: _____

Declaration of Agreement:

I declare that I agree to supervise the master thesis of _____

First Supervisor/Reviewer (Date/Signature) _____

[If applicable: External Supervisor (Date/Signature) _____

I declare, that I provide and fulfill

Enrolment certificate 84 CP, successful completion of all modules

Student (Date/Signature) _____

To be filled in by the Examinations Office

Date for submission of the Thesis _____

(Date / Signature) _____



Master of Science in
Biochemistry

Examination Committee

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Chairman

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