



Part 2: Registration Master Thesis Defense *=> to be filled out, signed and handed to the Examination Office*

**Master of Science in
Biochemistry**

Personal Data

Matriculation No. _____ Student name _____

Email: _____ Mobile number _____

Examination Committee

Prof. Dr. Jan Riemer
Chairman

Master's Thesis Defense

Date _____ Time _____

Place (Room, Institute, Address) _____

First Reviewer/Examiner (Title, Name) _____

Second Reviewer/Examiner (Title, Name) _____

Third (external) Reviewer/Examiner (title, name)¹ _____

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) _____

External Supervisor (Date/Signature)¹ _____

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

YES or NO

Student (Date/Signature) _____

Filled in by the Office of Examinations

First evaluation report

Second Evaluation Report

Grade _____

Grade _____

¹ if applicable

**Department of Chemistry
Examination Office
Greinstr. 4 – 6
50939 Köln**

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