

Ruhr-University Bochum Examination procedure for Master of Science

To the Examination Board of the International Master's Program Molecular and Developmental Stem Cell Biology at the Medical Faculty of the Ruhr-University Bochum

Application for admission to the Master's thesis according to the § 12 of the Examination Regulations in the course Molecular and Developmental Stem Cell Biology

Family name:			First name:		
Date of birth/ -place:		M	Matriculation No.:		
Address:					
Telephone:		Email	:		
Biology The master	he registration of my More thesis is repeated for the can	he first time			Developmental Stem Cell
* *	pplication after the can	•		•	of repetition of the master nly the current matriculation
Basic data s	sheet in original				
Current mat	triculation certificate				
	otal of 90 credit points Grant Writing)	including 16	creo	lit points for Mo	odule 11 (Lab Bench
I suggest as my supe	ervisor:				
I am aware of the exprogram.	xamination regulations	of the medic	al fa	iculty for the ab	ove mentioned master's
Place, Date				Sig	nature of the applicant

Title of the master				
thesis:				
~ .				
Supervisor:				
I hereby confirm my wil	llingness	s to supervise the	e above mentioned topic	of the Master thesis of this
	_	_	_	of the examination board.
The duration of the mas		_		
The duration of the mas	ter thesi	s is o months.		
Date	_		S	Signature of the supervisor
Possible suggestion by t	he			
first supervisor to the ex		on		
board for a second super	rvisor: _			
Second supervisor:				
Date of receipt of the			Date of approval:	
application:				
Duration of the work:			Start of the master	
			thesis:	
Proposed date of			Extended date of	
thesis submission:			submission with	
			permission:	
Issue of the thesis:		first attempt	first re	epetition
		1		
Actual date of issue:			In case of the	
			cancellation:	
			l	
Date			Signature of the chairp	erson of the examination board