

Name: ..... Enrollment No. (Matrikel): .....

**Lab Rotation** (4-week laboratory course: 4 average weekly hours /semester; seminar, 1 average weekly hr /semester; 5 CP):

Supervisor of the lab rotation	Title of the Advanced Practical	Type of exam	Grade	Semester absolving lab rotation	Date	Signature of supervisor	Submission R, T or L confirmed from examination office
		R <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/>					

**Additional courses**

Course No.	Supervisor of the Stem cell practical course	Title of the Stem cell practical course	Type of exam	Grade	Semester absolving practical course	Date	Signature of the supervisor	Submission R, T or L confirmed from examination office
1			R <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/>					
2			R <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/>					

At least one of the following three examination types is required: Written report (**R**); Talk (**T**); Poster (**P**).