



### **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)<sup>1</sup> \_\_\_\_\_

#### **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)<sup>1</sup> \_\_\_\_\_

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 \_\_\_\_\_

<sup>1</sup> if applicable

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

Marion Danitz  
Telefon +49 221 470-2239  
E-Mail: marion.danitz@uni-koeln.de