



Part 1: Application Master Thesis

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

Personal Data

Matriculation No.: _____

Student Name: _____

Smal-account: _____

Master's Thesis (6 month)

First Supervisor/Reviewer (Title, Name) _____

Second Supervisor/Reviewer (Title, Name) _____

Only for external thesis: Third/external Supervisor (Title, Name, Institution address):

Thesis Working Title: _____

Starting Date: _____

Master of Science in
Biochemistry

Examination Committee

Prof. Dr. Jan Riemer
Chairman

Declaration of Agreement - First Supervisor:

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

Date/Signature _____

If applicable: External Supervisor:

Date/Signature _____

Declaration of Agreement - Student:

I declare that I fulfill the following requirements:

84 CP = successful completion of all previous modules
properly enrolled at the University of Cologne

Date/Signature _____

To be filled in by the Examination Office

Date for submission of the Thesis _____

Date / Signature _____

Department of Chemistry
Examination Office
Greinstr. 4 – 6
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