

To the Examination Office
of the MSc Neurosciences
Institute of Cell. Neurosciences
Sigmund-Freud-Str. 25
53105 Bonn

Application for admission to the Master thesis in Neurosciences

Matriculation number:

E-Mail:

Name, Surname:

Address:

Topic of the master thesis:

Supervisors:

With my signature I declare

- that I have never failed a Master Thesis in this or a related programme at any other university.
- that I am not involved in a pending examination procedure of this kind at any other University

I enclose both a **proposal** for the topic of the Master Thesis and suggestions for supervisors.

Date and Student's signature: Bonn,

Supervisor/s Commitment

Name of the Supervisors

1st Supervisor:

2nd Supervisor:

We/I are willing to supervise the Master Thesis of the above student.

Place, Date, Stamp:

Signature 1. Supervisor:

Place, Date, Stamp:

Signature 2. Supervisor:

Admission to the master thesis

Prerequisites for registration are fulfilled

Place, Date

Signature Coordinator of the
Master program Neurosciences:

The student will be admitted to the Master Thesis

Place, Date, Stamp

Signature Chairman of the
examination board Neurosciences: