

To the Examination Office  
of the MSc Neurosciences  
Institute of Cellular Neurosciences  
Venusberg-Campus 1  
53127 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

1<sup>st</sup> Supervisor:

2<sup>nd</sup> 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: