

Registration of a Master Thesis within the Chemistry Study Course

Name: _____
First name: _____ Street: _____
Date/place of birth: _____
Matriculation number: _____ Postcode and City _____
Email address: _____

To
Head of Examination Office Chemistry
Faculty of Chemistry and Biochemistry
Ruhr-Universität Bochum
Universitätsstr. 150
44801 Bochum

In accordance with §16 of the study regulations for the Chemistry Master study course as amended on 24.08.2015 I herewith wish to apply for permission to register and complete my Master Thesis.

Prof. Dr. _____ and I have agreed upon the following topic:

I'm aware of the study regulations of the Faculty of Chemistry and Biochemistry for the aforementioned study course. I am registered as a Master student in the Chemistry study course for winter-/summer semester 20...../ 20.....

Date:

.....
(Signature)

Supervisor's Declaration

I proposed and will supervise the above topic:

Date:

.....
(Signature)