

Ruhr-University Bochum Examination procedure for Master of Science

To the Examination Board of the International Master's Program Stem Cell Medicine at the Medical Faculty of the Ruhr-University Bochum

Application for admission to the Master's thesis according to the § 16 of the Examination Regulations in the course Stem Cell Medicine

Family name:		First n	ame:	
Date of birth/ -place:		Matric	culation No.:	
Address:				
Telephone:		Email:		
The master	he registration of my Master's repeated for the first application after the cancellation	st time		cine
	est be accompanied by the following pplication after the cancellation attached):	_		-
Basic data s	sheet in original			
Current mat	triculation certificate			
Proof of a to	total of 55 credit points			
I suggest as my sup. I am aware of the exprogram.	pervisor:xamination regulations of the	e medical fa	aculty for the ab	ove mentioned master's
Place, Date			Sig	nature of the applicant

Title of the master					
thesis:	sis:				
~ .					
Supervisor:					
I hereby confirm my wil	llingness	s to supervise the	e above mentioned topic	of the Master thesis of this	
	_	_	_	of the examination board.	
The duration of the mas		_			
The duration of the mas	ter thesi	s is o months.			
Date	_		S	Signature of the supervisor	
Possible suggestion by t	he				
first supervisor to the ex		on			
board for a second super	rvisor: _				
Second supervisor:					
Date of receipt of the			Date of approval:		
application:					
Duration of the work:			Start of the master		
			thesis:		
Proposed date of			Extended date of		
thesis submission:					
			permission:		
Issue of the thesis:		first attempt	first re	epetition	
		1			
Actual date of issue:			In case of the		
			cancellation:		
			l		
Date			Signature of the chairp	erson of the examination board	