



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

Basic data sheet and statement

Personal Details

Family name:		First name:	
Birth name:		Gender:	
Matriculation No.:		Semester:	
Date of birth/ -place:		Nationality:	
Address:			
Telephone:		Email:	

I am studying the master's course Stem Cell Medicine.

I hereby declare that

- ☐ I am aware of the examination regulations of Master of Science in Stem Cell Medicine, approved on 23 March 2024.
- ☐ in accordance with section 16 (1) of the examination regulations, I am registered for a similar examination procedure at any other university
- ☐ in accordance with section 16 (1) of the examination regulations, I did irrevocably fail a similar examination at any other university
- ☐ all the information mentioned above are true to the best of my knowledge

Place, Date

Signature of the applicant