

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

similar examination procedure at any other university in accordance with section 16 (1) of the examination regulations did irrevocably fa similar examination at any other university all the information mentioned above are true to the best of my knowledge							
Matriculation No.: Date of birth/ -place: Address: Telephone: 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 similar examination procedure at any other university in accordance with section 16 (1) of the examination regulations did irrevocably far similar examination at any other university all the information mentioned above are true to the best of my knowledge	Family name:	First name:		name:			
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