

Application for external conduction of the Master's thesis

Master's program Biology

FREIE UNIVERSITÄT BERLIN
Department of Biology, Chemistry, Pharmacy
Examination Office • Arnimallee 22 • 14195 Berlin
E-mail: pruefungsbuero@biologie.fu-berlin.de • Phone: (030) 838 67362

Name, first name: _____

Student ID: _____

Mailing address: _____

Phone/mobile: _____

ZEDAT e-mail: _____

Private e-mail: _____

I hereby apply for an external Master's thesis.

(**Note:** Registration is only valid with the 'Application for registration of the Master's thesis' form, an internal second examiner and fulfillment of all Examination Regulation requirements.)

The Master's thesis should be carried out in the following area:

(Please enclose a report on the planned research procedures for the Master's thesis to this document. This should be around 150–200 words and must be signed by the first supervisor.)

Name, first name of external first examiner: _____

Official institution (with address and e-mail):

My second examiner at the Institute of Biology is: _____

Place, date (Applicant): _____ Signature (Applicant): _____

■ **NOT to be filled out by the student or supervisor:**

Approval granted Approval not granted

Date / Signature (Chair of Examination Board): _____