

To  
The Head of the Biology Examination Committee  
School of Biology/Chemistry  
Osnabrück University  
Barbarastraße 11 – Examinations Office  
49076 Osnabrück

## Application for Admission to the Master's Thesis

Surname:  First Name(s):

Street:  Postal Code & Town:

Tel.:  E-mail:

Student ID-No.:

Title of Thesis:

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Examiner / Supervisor:  \_\_\_\_\_  
First Examiner Surname, First Name(s) Signature

Examiner:  \_\_\_\_\_  
Second Examiner Surname, First Name(s) Signature

The applicant is hereby allocated a work station in the  
 research group.

\_\_\_\_\_  
Signature (Supervisor or Research Group Leader)

I intend to complete my MA externally at:   
(The external supervisor is the first examiner)

Work commences on:

Work already commenced on:

The project will take the form of group work and be completed together with:

**At least one month** must have passed between submitting these application documents to the examinations office and the submission date of the thesis.

**See back!**

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(Signature of Applicant)

**This registration must be submitted to the examinations office together with the completed form entitled “Admissions Requirements”.**

**The final thesis is:**

- an experimental laboratory and field work
- an empirical work (use of databases)
- a literature-based work
- an external work (without costs in FB5), see front page

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Signature of supervisor or group leader