

**To the Chairperson of the Examination Board
at the Department of Chemistry and Chemical Biology**

Last name, first name: _____ Date of birth: _____

Place of birth: _____ Phone (during the day): _____

Matriculation no.: _____ E-mail: _____

This application must be submitted in person or via e-mail to the Dean's Office at the Department of Chemistry and Chemical Biology (CCB).

Application for admission for an external

Research laboratory course

for the Master's degree program

Chemistry Chemical Biology

at the following institution, company, university

Institution / company / university: _____

Department: _____

Address: _____

Supervisor on site: _____

Phone: _____ E-mail: _____

Qualification of the supervisor on site: _____

Description of the research laboratory course:

Date, signature of the examiner at the Department CCB

Name in block letters

Date, signature of the student