Registration of the Master's Thesis defense (Abschlusskolloquium)

An den
Prüfungsausschuss für den Studiengang
Master of Science in Biological Sciences
der Universität zu Köln
im Institut für Genetik
Zülpicher Str. 47a

50674 Köln

Personal data	
Last name, first name	
Address (Street + No.) (CIP code + City)	
Matriculation number	
Email	
Phone number	

Master's Thesis Defense (This registration must be submitted at least 10 days before the defense date. If submitted by mail it must be submitted 14 days before the defense date).	
Date and Time	_____ _____ (date) (time)
Place	Room, Institute, Address
Thesis supervisor / 1 st reviewer	
2nd Reviewer	
External supervisor / 3rd reviewer (if applicable)	
Minutes Taker	

Signatures **Reviewers herewith declare agreement to submit the Thesis evaluation report at least two working days before the defense date.** In case a Thesis evaluation report is not received by the office in time, the Thesis defense must be postponed by at least 10 days.	
Thesis supervisor / 1 st reviewer	_____ _____ (Date) (Signature)
2nd Reviewer	_____ _____ (Date) (Signature)
External supervisor / 3rd Reviewer (if applicable)	_____ _____ (Date) (Signature)
Minutes taker	_____ _____ (Date) (Signature)
Student	_____ _____ (Date) (Signature)