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| First name, family name:Klicken Sie hier, um Text einzugeben. | Student (ID) number:Klicken Sie hier, um Text einzugeben. |

To the

Examination Committee of the

Master Neuroscience study program

**via the Academic Examinations Office**

**of Carl von Ossietzky Universität Oldenburg**

26111 Oldenburg

**For my research module/master thesis, I would like to suggest an external reviewer and apply on their behalf for the status of an official examiner.**

I am enrolled at the Carl von Ossietzky Universität Oldenburg, and I hereby apply for the supervision and official examination approval of my research work/master thesis by

as [ ]  first reviewer [ ]  second reviewer

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| Date |  | Signature of applicant (student) |

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| To be filled in by supervisor/examiner |
| Family name, first name, academic degree:Klicken Sie hier, um Text einzugeben. |
| Address:Klicken Sie hier, um Text einzugeben. |
| Home institute/company (full address):Klicken Sie hier, um Text einzugeben. |
| Position:Klicken Sie hier, um Text einzugeben. |
| Contact (phone number, e-mail-address):Klicken Sie hier, um Text einzugeben. |
| Year of graduation (Ph.D.):Klicken Sie hier, um Text einzugeben. |
| Five publications (peer-reviewed) in the field of neuroscience:      |
| Teaching experience in the field of neuroscience:      |

I hereby agree to take over the supervision and review of the research work/master thesis.

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| Date | Signature of supervisor/examiner |

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| To be filled in by examination commitee |
| ⃝ The application is accepted. |
| ⃝ The application is rejected. Explanatory statement: |
| Oldenburg, |  |
|  Date | Signature of chair of examination committee |