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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 |