

TECHNISCHE UNIVERSITÄT DRESDEN
Fakultät Chemie und Lebensmittelchemie
Master Biochemistry

Research Lab Class Registration - Module No. M0308-C1BC6

Mr./Ms.: _____ Student ID: _____

Semester: _____

The Research Lab Class will be conducted in the following lab (exact address):

Direct lab supervisors name (if not the PI): _____

Suggested second examiner for the oral exam: _____

Title of the project:

Start and end date of the research lab class (approx.): _____

Is it planned as:

- an independent project []
- or as the introductory work for the master's thesis []
- or not known/decided yet []

Dresden, _____
(date, signature of student)

Dresden, _____
(date, signature and stamp of PI)

Verification by chair of examination board:

Dresden, _____
(date)

(signature of chair)