

To the
Chair of the Examinations Committee
Faculty of Biosciences
(Examination Office, Bioscience Department)
INF 234, 5th floor
D-69120 Heidelberg

Application to be admitted to the Masters Degree Examination
(according to § 14 of the Examination Rules and Regulations for the Masters Degree
Course in Molecular Biosciences at the University of Heidelberg)

Please fill out in block letters. Please inform the Examination Office of any changes.

Last Name _____

First Name _____

Matriculation Number _____ **Nationality** _____

Date of Birth _____ **Place of Birth** _____

1st Term **WS 2022/23** **Major** _____

Student Address (optional information)

Street, Number _____

Postal Code _____ **City** _____

Email Address _____

Telephone _____ **Mobile** _____

Home Address (optional information)

Street, Number _____

Postal Code _____ **City** _____

Telephone _____

Country _____

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I herewith apply to be admitted to the examination procedure of the Masters Degree Course in Molecular Biosciences.

I herewith declare that

- I am matriculated in the Masters Degree Course in Molecular Biosciences at the Faculty of Biosciences of the Heidelberg University
- I have not forfeited my examination rights for the Masters Degree Course in Molecular Biosciences at the Faculty of Biosciences of the Heidelberg University or for a similar degree course.

Important: Please inform the coordinator, Dr. Andrea Wolk, if you are pregnant or breast feeding (andrea.wolk@urz.uni-heidelberg.de).

Date.....Signature.....