## Faculty of Chemistry, Pharmaceutical Sciences, Geography and Geosciences



The Chair of the Examination Board Master of Science Soft Matter and Materials

(Please complete in block letters!)			
Last Name:	First Nan	ne:	
Date of Birth:	Place of	Birth:	
Student ID Number:	E-mail A	dress:	
Registration for the oral modu	lle examination or pro	esentation in the r	module
Module Name	Module N	Number	
I hereby register for the oral module accordance with the underlying exa		ation in the above-m	entioned module in
I am aware that this registration is be 'insufficient' (5.0) in accordance with must be made at least 2 weeks before and timely registration is not permit	h § 18 of the examination ore the oral examination	n regulations. Furthe . Taking the examina	rmore, registration
The date for the oral examination h	as been set for:	at	(Time)
Examiner:	_		
(Date)	(Signature Student)		

