
Surname, First Name

Date

Student ID

email

To the Head of the
Examination Committee
Master of Materials Chemistry and Mineralogy
Universität Bremen
Faculty of Geosciences
GEO, Klagenfurter Straße 2
28359 Bremen

PROCESSING COMMENT:

1. Module Representative: The Research Module is approved.

Date, Signature

2. Examination Office for Registration
3. Copy to the supervisor

Registration for a Research Project in MMCM

- Mineralogy
- Chemistry I
- Chemistry II

Subject of the Research Project:

Location where the project is carried out:

Name of supervisor (must be a lecturer at University of Bremen):

Scheduled completion date:

Signature Supervisor

Type of examination (e.g., report)

Signature Student