
Surname, First Name

Date

Street

Phone

ZIP Code, Place of Residence

email

Student ID

To the
Examination Office
Master of Applied Geosciences
Universität Bremen
Faculty of Geosciences
GEO, Klagenfurter Straße 2-4
28359 Bremen

PROCESSING COMMENT:

1. Module Representative: The Geoscientific Project Exercise is approved.

Date, Signature

2. Examination Office for Registration in PABO
3. Copy to the Tutor

Registration for a Geoscientific Project Exercise in the Master-Programme "Applied Geosciences"

Subject of the Geoscientific Project:

What are the project and qualification goals?

Who are the partners (e. g. companies, schools, research institutes)?

Tutor (counselling and assessment of the project report):

Scheduled completion date of the project exercise: _____

Signature Tutor

Signature Student