

Saarland University, Center for Bioinformatics

Registration to the advanced practical biosciences in the master program bioinformatics

Applicant:

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Matriculation number: \_\_\_\_\_

I hereby register for the advanced practical biosciences, assessment of the master program:

Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time period: \_\_\_\_\_

The following experimental methods are used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

Signature applicant

Permission notice  
(only for external practicals)

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\_\_\_\_\_