

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 2021/22** **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](mailto:andrea.wolk@urz.uni-heidelberg.de)).

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