



## **APPLICATION FOR ADMISSION TO THE MASTER'S THESIS**

for the Master's Degree Program in Cognitive Neuroscience at the Department of Education and Developery, Freie Universität Berlin

at the Department of Education and Psychology, Freie Universitat Berlin		
Last name:		Student ID:
First name:		Cohort:
<b>Neuroscience.</b> I certify that I the final attempt or that exar jurisdiction of the German Ba	did not fail to achieve the required credit nination procedures are pending at any	e Master's Degree Program Cognitive to points or have failed any examination at other university within the scope of the the same module, or in a module that is nent Psychology.
<sup>1</sup> Personal email address		¹Phone no:
¹Postal address:		
<sup>2</sup> Thesis title:		
Student	Location, date	
	³Primary Reviewer	Second Reviewer
Last name, first name:	³Primary Reviewer	Second Reviewer
Last name, first name: Academic title/status	³Primary Reviewer	Second Reviewer
	³Primary Reviewer	Second Reviewer
Academic title/status	³Primary Reviewer	Second Reviewer
Academic title/status  Affiliation/Institution	³Primary Reviewer	Second Reviewer
Academic title/status  Affiliation/Institution  Signature	Proof of examinations of 60 ECTS according to the Program Cognitive Neuroscience. The certification	ne study plan in the study regulations of the Master's n can be provided as a <b>summary report from your</b> completion of all modules (including grades). <b>Please</b>
Academic title/status  Affiliation/Institution  Signature  Location, date	Proof of examinations of 60 ECTS according to the Program Cognitive Neuroscience. The certification Campus Management account, showing the coapprove the correctness of this report by sign	ne study plan in the study regulations of the Master's n can be provided as a <b>summary report from your</b> completion of all modules (including grades). <b>Please ing it.</b>
Academic title/status  Affiliation/Institution  Signature  Location, date  Attachment:	Proof of examinations of 60 ECTS according to the Program Cognitive Neuroscience. The certification Campus Management account, showing the coapprove the correctness of this report by sign Submit this document, combined with the sign	ne study plan in the study regulations of the Master's n can be provided as a <b>summary report from your</b> completion of all modules (including grades). <b>Please ing it.</b>

<sup>&</sup>lt;sup>1</sup> To ensure that your final degree certificates can still be sent in case of an earlier termination of your student status. Please provide your non-FU email address, and a permanent postal address to which your final certificates can be sent. This address will only be used for that purpose.

This title is not binding for the final thesis, and can be a working title

<sup>&</sup>lt;sup>3</sup> Including consent to supervise the work