



Registration of the “Master Laboratory Course – Advanced”

Master Thesis in

- Inorganic Chemistry
- Organic Chemistry
- Physical Chemistry
- Biochemistry
- Polymer Chemistry

Albert-Ludwigs-Universität
Freiburg

Fakultät für Chemie und
Pharmazie

Studiendekanat Chemie
Master of Science - Chemie

Ms / Mr _____

Albertstr. 21
79085 Freiburg

Student ID Number _____

<http://www.cup.uni-freiburg.de/>

I hereby register for the examination in the Master Laboratory Course –
Advanced.

Note:

The Master Laboratory Course - Advanced course includes 8 weeks (2 weeks for preparation and postprocessing included) and corresponds to 300 working hours.

Date and signature of the student



**Advanced lab course in the study
program M.Sc. Chemistry**

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- Organic Chemistry
- Physical Chemistry
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- Polymer Chemistry

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Fakultät für Chemie und
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Studiendekanat Chemie
Master of Science - Chemie

(Name of the course)

Albertstr. 21
79085 Freiburg

Ms / Mr _____

Student ID Number _____

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has successfully taken part in the course stated above and obtained **10
ECTS-points**

from _____ until _____ .

The grade of the Advanced lab course is _____

Note:

The Advanced lab course includes 8 weeks (2 weeks for preparation and postprocessing included)
and corresponds to 300 working hours.

(Place, date and signature of the professor / supervisor)

Accreditation through:

Freiburg,

(Date and signature of a professor of the Faculty of Chemistry and
Pharmacy)