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**Surname, First Name Date**

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**Student ID email**

Processing Comment:

1. Module Representative: The Research Module is approved.

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Date, Signature

1. Examination Office for Registration
2. Copy to the supervisor

To the Head of the

Examination Committee

Master of Materials Chemistry and Mineralogy

Universität Bremen

Faculty of Geosciences

GEO, Klagenfurter Straße 2

28359 Bremen

**Registration for a Research Project in MMCM**

$□$ Mineralogy $□$ Chemistry

$□$ Project I $□$ Project II

**Subject of the Research Project:**

**Location where the project is carried out:**

**Name of supervisor (must be a lecturer at University of Bremen):**

**Scheduled completion date: Type of examination (e.g., report)** \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$□$ I agree that the work I will submit will be stored permanently on the external server of the plagiarism software currently used by the University of Bremen, in a library belonging to the institution (accessed only by the University of Bremen) in accordance with § 18 of the General Section of the Bachelor's or Master's Degree Examination Regulations of the University of Bremen

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