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**Surname, First Name Date**

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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)** \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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