INS MN - Methods in Neuroscience

Confirmation of Participation

Surname   First Name   Matriculation Number

INS MN   Methods in Neuroscience

Number of the Module   Title of the Module

Duration of the Module   Tutor and Module Responsible (if Different) in Printed Letters

Name of Research Group

Protocol handed in on (Date)

Title of the Protocol

Date   Signature of Tutor and Module Responsible (if Different) and Stamp