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**INS MN - Methods in Neuroscience  
Confirmation of Participation**

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----- Surname ----- First Name ----- Matriculation Number -----

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----- **INS MN** ----- **Methods in Neuroscience** -----  
Number of the Module Title of the Module

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

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**Name of Research Group**

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**Protocol handed in on (Date)**

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**Title of the Protocol**

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

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