Application
I hereby apply to be enrolled to a Independent Study

<table>
<thead>
<tr>
<th>Name, First Name</th>
<th>Matriculation Number</th>
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<tr>
<td>Address</td>
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<td>Zip Code/City</td>
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Agreement for an Independent Study

Modulnumber: ________________

Volume: □ 2 CP □ 4 CP □ 6 CP □ 8 CP

between _____________________________________

and Supervisor _____________________________________

on the topic of the Independent Study:
_____________________________________________
_____________________________________________
_____________________________________________

This topic is treated by □ the applicant alone □ in cooperation with
__________________________________________  ____________________________________  ____________________________________

__________________________  __________________________  __________________________
Signature of Supervisor

Bremen, ____________________  __________________________
Signature of Applicant

Bremen, ____________________  __________________________
Examination Office