

Board of examination  
M. Sc. Digital Media  
University of Bremen

**Application**

I hereby apply to be enrolled to a Independent Study

_____	_____
Name, First Name	Matriculation Number
_____	_____
Address	E-Mail
_____	_____
Zip Code/City	

**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