**Institut for Molekylærbiologi og Genetik / Department of Molecular Biology and Genetics**

**Aarhus Universitet / Aarhus University**

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| *ANGIV INDGANG TIL STUDIET:**STATE STUDY PROGRAMME BELOW* |
| MOLEKYLÆRBIOLOGI:MOLECULAR BIOLOGY | [ ]  |
| MOLEKYLÆR MEDICIN:MOLECULAR MEDICINE | [ ]  |
| BIOTEKNOLOGI:BIOTECHNOLOGY | [ ]  |

*KRYDS VENLIGST AF NEDENFOR (Please check off below)*

|  |  |  |  |
| --- | --- | --- | --- |
| EKSPERIMENTEL BACHELOR (Experimental bachelor) | [ ]  | TEORETISK BACHELOR (Theoretical bachelor) | [ ]  |
| MOLEKYLÆRBIOLOGISK PROJEKT (Molecular biology project) | [ ]  | KANDIDATSPECIALE (Master Thesis) | [ ]  |

**Antal ECTS (Number of ECTS):**

|  |  |
| --- | --- |
| Studienummer (Student reg. no.): |  |
| AU-ID: |  |
| Navn (Name): |  |
| Email: |  |
| Startdato (Starting date): |  |

|  |  |
| --- | --- |
| Hovedvejleder (Main supervisor): |  |
| Daglig vejleder (Daily supervisor): |  |
| Evt. ekstern vejleder (External supervisor): |  |
| Bygning (Building): |  |
| Lokale (Room): |  |
| Telefonnr. (Phone at work): |  |

Jeg giver hermed tilladelse til, at mit navn og portrætfoto må vises på MBG’s hjemmeside under medarbejdere og studerende, og at jeg gerne vil modtage instituttets nyhedsbrev.

(I hereby confirm that my name and photo may be shown on MBG’s website under employees and students, and that I would like to receive the department’s newsletter).

Underskrift (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dato (Date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_