

Master Program Microbiology

Module certification

Family name, given name

Matrikel number:

Module identification code and name (e.g., MPD, Microbial Physiology and Diversity)

Module element and name (e.g., Lecture + Exercises: Physiology and diversity of prokaryotes)

ECTS credits

(To be filled out by examiner)

Form of examination	Date	Percentage of total requirements (%)	Mark	Examiner
Written test				
Written protocol				
Oral presentation				
Oral examination				
Further:				
Further:				
Further:				

Final mark:

Date

Name of examiner

Signature +

Stamp

Examination procedure:
(if necessary on an extra sheet)

Reasons for the grade / the deciding point of view:

Signature

1. examiner: _____

**2. examiner
or assistant:** _____

Please send the protocol back to:

Carl von Ossietzky Universität Oldenburg
Akademisches Prüfungsamt
Microbiology
Im Hause