CARL VON OSSIETZKY universität OLDENBURG

Master Program Microbiology

Module certification

Family name, given name	**Matrikel number**

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

Course/Title	Cre-dits	Type of Examen	Mark or %	Portion of module mark (%)	Date	Signature of examiner

Final mark of completed module:

Date Name of final examiner Signature + Stamp