

Center for Religious Studies (CERES)

Ruhr University Bochum

Course of Studies: MA Religious Studies

Module: Module Number und Name

Course: Course Number and Title

Lecturer: Name of Lecturer

Semester: WiSe/SoSe XXXX

**Term Paper as Module Examination
in Module *Moduleno*.**

Title of the Term Paper

Your First and Last Name

Submitted on *Date*

Matriculation no.: XXXXXX

Study Program: MA Religious Studies (& second subject)

Semester of Study: X

Address: Street, No.

ZIP Code, Town

Phone Number: XXXX XXXXX

Email: XXXXX@rub.de