Surname, name, title:

Date of Birth:

Company / University

Address Company /

University

Telephone/Fax No.

E-mail:

Accommodation:

I will stay at DSMZ from until .

The visit is financed by:

⭘ myself / my institute ⭘ DSMZ ⭘ Alexander von Humboldt-Foundation

⭘ DAAD ⭘ Others: …………………………………………………………………………………….

Responsible scientist at DSMZ: ………………………………………………………………………………........................

Purpose of stay:

⭘ BSc Thesis ⭘ MA Thesis ⭘ Doctoral Thesis ⭘ Guest Scientist

⭘ Practical Training

Others:

Title of Programme/Thesis:

- 2 –

I assure to observe DSMZ-security rules and other internal regulations. I have received the written “Safety Instructions of DSMZ”. Furthermore, I assure to treat confidential the information, results of measurements, descriptions, procedures, etc., as far as they are commercially usable. I will not announce them to any third party.

I will not use the achieved information for commercial purposes, neither personally nor by any company. I will not use them directly or indirectly, unless DSMZ has given the explicit permission.

This obligation is not applicable if the information has already been announced by publications or has provable been made known to me from third parties without deriving directly or indirectly from DSMZ.

Date and Signature

Enclosures:

Safety Instructions

Legal Instructions – Data Security

Declaration Bachelor Thesis

Declaration Master Thesis

Copies:

Works Council

Dominic Koblitz

Press and communication

Bettina Fischer

Regina Ligocki

Janette Löffler