Lab-Rotation Cognitive Science (8.3017)

Please register via StudIP first!

Full name:		Immatriculation number:			
Name of lab	1. Name of lab leader 2. Name of supervisor	Date	Grade (numerical!)	Signature of supervisor	
	I	I	I		
To be validated by the Instit	tute of Cognitive Science before startir	ng the lab rotation (la	abrotation@uos.de):		
Date:	Stamp/Signature:				