**PLEASE ADD A BRIEF DESCRIPTION OF THE PROJECT OVERLEAF**

**Master Neuroscience -Rotation project (Scientific Practice) – up to 30 ECTS**

2 months-long rotation in research labs; one can be used to extend the Master project.

**MNEU VI:**

      **301879** Scientific Practice in Neuroscience I – 10 ECTS

      **301880** Scientific Practice in Neuroscience II - 10 ECTS

**MNEU IV:**

      **301881** Scientific Practice in Neuroscience III – 10 ECTS

      **301871** Scientific Practice in Molecular Biology II– 10 ECTS

Student’s Name:       Matriculation number:

in the research unit at the Center, Institute, or Research Unit:

University or Institution:

Address:       Supervisor:

Date:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor (Group leader)
By signing this form, the supervisor commits to provide direct, in-person on-site training of the student within the framework of the project described overleaf

Date:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Prof. Manuel Zimmer

**Evaluation (at the end of your practical work)**

|  |  |  |  |
| --- | --- | --- | --- |
| Practical work  |  | Evaluation (grade 1 – 5) \* |  |
| Begindate | Enddate | Duration(weeks) | Interest, dedication toresearch and reading of literature  | Quality of practical performance | Quality ofwritten report | **Suggested total grade** |
|  |  |  |  |  |  |  |

Date:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Supervisor

\*Grading scale: 1(excellent), 2 (good), 3 (satisfactory), 4 (sufficient) and 5 (fail)

Please bring/send this document with all the signatures and the evaluation to the SSC Dr.-Bohr-Gasse 9, 1030 Wien.

PROJECT DESCRIPTION:

Please add a short (~200 words) description of the project