





Project Description

Plan for thesis supervision and lab work

Information on external partners if any

Date:

Student signature: _____

Date:

Student signature: _____

Date:

Student signature: _____

Supervisor *(filled out by the project supervisor)*

Full Name	
Email address	

Date:

Supervisor's signature: _____

Supervisor *(filled out by the project supervisor)*

Full Name	
Email address	

Date:

Supervisor's signature: _____

External contact person *(if relevant)*

Full Name	
Email address	

Date:

Signature: _____

Approval by the Head of Studies

You will receive an e-mail with the approval of the Head of Studies.