|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration form, Independent project**  The completed form should be given to the examining department | | | | | | | | | |
| Student’s name: | | | | | | | Expected start of project (date) | | |
|  | | | | | | | Klicka eller tryck här för att ange datum. | | |
| Civil registration number (personnummer): | | | | | | | Study program (name) or open course: | | |
|  | | | | | | |  | | |
| e-mail: | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| Course code (*EXnnnn*): | | Name of course: | | | | | | | Main subject area: |
|  | |  | | | | | | | Välj ett objekt. |
| Level: | | | | | | | | | |
| Basic (G2E) | | Advanced (A1E) | | | | | | Advanced (A2E) | |
| Length of course: | | | | | | | | | |
| 15 hp | | 30 hp | | 60 hp | | | | other    hp | |
| Preliminary title of the thesis: | | | | | | | | | |
|  | | | | | | | | | |
| Supervising department: | | | | | | Examiner: | | | |
|  | | | | | |  | | | |
| Main supervisor: | | | | | | Co-supervisor(s): | | | |
|  | | | | | |  | | | |
|  | | | | | | | | | |
| If the supervision and/or examination is shared among SLU departments, the HST+HPR should be distributed as (if not shared or external co-supervisor\* leave this field blank): | | | | | | | | | |
| Department | | | Percent | | Signature (director of studies) | | | | |
|  | | |  | |  | | | | |
|  | | |  | |  | | | | |
|  | | |  | |  | | | | |
| \*) payment to external co-supervisors is handled by the supervising department | | | | | | | | | |
| The director of studies at the examining department certifies that (check the boxes):  1. The Admissions Office has admitted the student to the course,  2. All prerequisites are fulfilled and checked by the examining department,  3. The student has been registered on the course; i.e., (1) and (2) are checked, and a supervisor for the intended subject is available. | | | | | | | | | |
| Date | Signature (director of studies delegated from the head of department) | | | | | | | | |
|  | Registered in LADOK (signature) | | | | | | | | |
|  | Copy of this form is sent to the responsible department (signature) | | | | | | | | |