



LUND UNIVERSITY

Master's Degree Project

Registration form, Department of Biology, Lund University

I have read degree project instructions

(Date and Student signature)

Student fulfills requirements

(Date and Study Advisor signature)

Name of student

Civic reg. number (Personnummer)

E-mail

Phone

Major in:

General or Specialization:

- Biology → General Animal Ecology Aquatic Ecology Conservation Biology Plant Biology
- Molecular Biology → General Medical Biology Microbiology Molecular Genetics and Biotechnology
- Bioinformatics

Credits:

- 30 credits (hp)
- 45 credits (hp)
- 60 credits (hp)

About the project:

- Project plan completed, with Time plan
- My project is carried out abroad
- I need the Animal Welfare course

My degree project is expected to:

Start: _____ (year, month, day)

End: _____ (year, month, day)

Preliminary Project Title (or subject)

Department/Place of work:

Supervisor:

Name _____ Dept. _____

Email _____ Phone _____

Other Supervisor, e.g. Contact person at LU (compulsory for projects outside LU) or co-supervisor):

Name _____ Place of work _____

Email _____ Phone _____

Date

Student signature

Approved by Supervisor (or Contact person at LU):

(Date and Supervisor signature)

Project plan approved by Coordinator (_____)::

(Date and Master's Program Coordinator signature)