



Registration form, Department of Biology, Lund University

have read the instructions

(Date and Student signature)

Student fulfills requirements

(Date and Study Advisor signature)

Name student

Civic reg. number (Personnummer)

E-mail

Phone

Applied work

BINP36 7.5 credits (hp)

BINP38 15 credits (hp)

About the Project:

Project plan completed, with Time plan

Project carried out abroad, insurance arranged

Important

Dates:

Start: _____ (year, month, day)

End: _____ (year, month, day)

Preliminary Project Title (or subject)

Department/Place of work:

Supervisor at workplace:

Name _____ Dept. _____

Email _____ Phone _____

Project plan approved by Examiner (_____): _____

(Date and Examiner signature)