

REGISTRATION FORM FOR DEGREE PROJECT C IN CHEMISTRY

To be submitted to coordinator Helena Grennberg at the Chemistry Education Office together with a project outline.

To be filled by the student

Student

Date of birth (pers code)		Course code 1KB010*	
Surname		First name	
Postal Code	City		Phone
E-mail adress			

* Requirements: 75 credits in Chemistry including 15 credit courses necessary for the project

Project

Registration requires a project plan approved by the department (to be submitted with this form)

Project starts in:	<input type="checkbox"/> Period 1	<input type="checkbox"/> Period 2	<input type="checkbox"/> Period 3	<input type="checkbox"/> Period 4
Starting date (year/month/day)		Expected finish date date (year/month/day)		

Preliminary title of the project: _____

Supervisor

The undersigned hereby:

- undertakes the responsibility to supervise this course and will otherwise contribute to the conditions necessary for the completion of this course as well as support and encourage the student to work independently to complete the tasks described both in the course syllabus and in the project plan.**
- certifies that he/she has read and will follow the terms of the syllabus relevant for the course he/she agreed to supervise.**

Supervisor

Name	Department		
E-mail adress	Signature	Phone	

See next side----->

Report

Report archiving options to be filled in and signed by the student and the supervisor before the start of the course

DiVA***

<input type="checkbox"/>	Make freely available now (open access)	
<input type="checkbox"/>	Make freely available later	<u>Date****</u> :
<input type="checkbox"/>	Secrecy	<u>Registration number</u> :
Student's signature		Supervisor's signature

*** DiVA – Academic Archive Online – is Uppsala University's system for electronic archiving and/or publishing for papers and theses produced by researchers, teachers and students.

**** Maximal delay: 2 years from the date the thesis is uploaded in DiVA

To be filled by the coordinator

Subject specialist

Subject specialist

Name	Department	
E-mail address	Signature	Phone

Examiner

Examiner

Name	Department	
E-mail address	Signature	Phone

Registration in Uppdok		Report approved	
Oral presentation		DiVA serie number	
Opposition		FINAL APPROVAL	