

## REGISTRATION FORM FOR DEGREE PROJECT E IN CHEMISTRY

To be submitted to the Chemistry Education Office with a project outline.

*To be filled in by the student and supervisor*

Student		
Date of birth (pers code)		Course code (see below)
Surname		First name
Postal Code	City	Phone
E-mail adress		

Course codes:

**Degree project E, 30 credits, 1KB052**

**Degree project E, 45 credits, 1KB053**

\* Requirements: Bachelor's degree and at least 30 credits Chemistry courses at advanced level including courses necessary for the project

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

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Starting date (year/month/day)	Expected finish date date (year/month/day)

**Subject Specialization:** .....

**Preliminary title of the project:** .....

.....

### Supervisor

**The undersigned hereby:**

**1) 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.**

**2) 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 in by the subject specialist*

### Subject specialist

#### Subject specialist

Name	Department	
E-mail adress	Signature	Phone

*To be filled in by the examiner*

### Examiner

#### Examiner

Name	Department	
E-mail adress	Signature	Phone

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