



Enrolment Form – Degree Project

LUNDS UNIVERSITET
Lunds Tekniska Högskola

Instructions

First, check that the prerequisites are met either at

- International Office - Master's students (with the exception of industrial design) or incoming students
- Your program planner at Utbildningsservice (students in Architecture, Fire protection engineering, Master of science in engineering and Industrial design).

After that, leave the form to the department. When the document describing the goal of the project and the subject for the degree project have been approved by the supervisors and the examiner, the enrolment form should be handed to Utbildningsservice or the International Office at LTH for registration.

To be filled in by the International Office/Program planner at Utbildningsservice

Prerequisites are met Yes <input type="checkbox"/> No <input type="checkbox"/>	Checked by (signature)	Name (in text hand)	Date
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To be filled in by student

Name	Personal identity number	Phone number
E-mail (@student.lu.se)	Programme	
Degree project partner, if any	Personal identity number (degree project partner)	
Tentative title of the project		
Estimated start of project, date	Estimated end of project, date	
Country and university/company if the project is carried out abroad*		
Name of company/Organization number, if the project is carried out at a company		
Signature by the student	Date	

*If the project is carried out abroad a Cooperation Agreement must be established and handed in to the International Office of LTH

To be filled in by the department

Course code and course name for the degree project	
Examiner (please write in text hand)	E-mail address (examiner)
Principal supervisor (please write in text hand)	E-mail address (principal supervisor)
Assistant supervisor (please write in text hand)	E-mail address (assistant supervisor)

Hereby, the examiner and supervisors approve the document describing the goal of the degree project, and the examiner approves that the student has sufficient knowledge of the topic for the choice of subject.

Signature (Examiner)	Date	Signature (Principal supervisor)	Date
Signature(s) (Assistant supervisor)			Date

To be filled in by the International Office/Program planner at Utbildningsservice (MID at IKDC)

Registered by (in text hand)	Date for reg.
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