

## Project plan – Agreement Engineering Training Course

## **Directions**

Signature student

Make sure that you meet the entry requirement of at least 150 credits from mandatory courses/elective mandatory courses included in the first three years of a single study programme. You should also be aware of the other requirements stated in the course syllabus. The duration of the course is 10 weeks. The actual placement at the company is 8 weeks without interruption. Please write the starting date and the last day of the 8-week-placement at the company on this form. The placement period at the company of 8 weeks may only be interrupted during the summer and for a maximum of three weeks and only in case there is no supervisor available. Please indicate the weeks when the placement is interrupted on this form. Your completed application is to be sent by email to the relevant programme co-ordinator, or submitted to the Programme Services office located on the 5th floor of the E building, or sent to the Lund University Faculty of Engineering, LTH, Programservice, Box 118, 221 00 LUND.

Student		
Name	Р	ersonal identification number
E-mail	Р	hone
Study Program		
Company/Organization	Starting date	Date of completion
Describe the aim of taking the course		
Description of the engineering training content, method of implementation	n, and recommer	ndations concerning the knowledge
deemed necessary to carry out the training are to be specified below. Specisuch as travelling expenses, or other costs, together with information on ho	ow these will be t	financed.

Date

Student
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Name	Personal identification number

To be filled in by the institution/department within Lund	University	Faculty	of Engineeri	ing, LTH
Department specific course code (not IYT000)				

Supervisor	E-mail supervisor	
Assistant supervisor (not mandatory)	E-mail assistant supervisor	
I hereby approve the aim of purpose and the	content of the engineering training.	
Signature LTH supervisor	Da	ite
Signature LTH assistant supervisor	Da	nte
To be filled in by the work place Place of work (Company name, complete address)		
Supervisor	E-mail supervisor	
Assistant supervisor (not mandatory)	E-mail assistant supervisor	
I hereby commit to supervise the student with student with means necessary to complete th	nin the above description of the engineering training course.	g, and to provide the
Signature supervisor	Da	ite
Signature assistant supervisor		ite
To be filled in by the work place after t	raining completion	
I hereby confirm that participated in the above engineering training		been present and
Supervisor	Phone incl country code	
	Da	ite
Signature supervisor		

After completed training, send the final signed document to the supervisor at Lund University Faculty of Engineering, LTH.