



LUND
UNIVERSITY

Applied work 7,5 - 30 credits

Registration form, Department of Biology, Lund University

I have read the Instructions

(Date and Student signature)

Student fulfills requirements

(Date and Study Advisor signature)

Name of student

Civic reg. number (Personnummer)

E-mail

Phone

- BIOF20 7,5 credits (hp)
- BIOF05 10 credits (hp)

- BIOF21 15 credits (hp)
- BIOF30 30 credits (hp)

About the Applied work:

- Time plan completed
- Work carried out abroad, insurance arranged

Important Dates:

Start: _____ (year, month, day)

End: _____ (year, month, day)

Preliminary Title (or subject)

Department/Place of work:

Supervisor at workplace:

Name _____

Email _____ Phone _____

Date

Student signature

Project plan approved

(Date and Supervisor signature)

Project plan approved

(Date and Examiner signature)