



Bioinformatics Project / Applied Work

LUND
UNIVERSITY

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 student

Civic reg. number (Personnummer)

E-mail

Phone

Project

- BINP35, 7.5 credits (hp)
- BINP37, 15 credits (hp)
- BINP39, 30 credits (hp)

Applied work

- BINP36 7.5 credits (hp)**
- BINP38 15 credits (hp)

About the Project:

- Project plan completed, with Time plan
- Project carried out abroad, insurance arranged

Important Project Dates:

Start: _____ (year, month, day)

End: _____ (year, month, day)

Preliminary Project Title (or subject)

Department/Place of work:

Supervisor at workplace:

Name _____ Dept. _____

Email _____ Phone _____

Date

Student signature

Approved by Supervisor:

(Date and Supervisor signature)

Project plan approved by Examiner (_____): _____

(Date and Examiner signature)