



# Project: BIO/MOBT05/03/04/ – 7.5/15/30 cr.

**LUND**  
UNIVERSITY

Registration form, Department of Biology, Lund University  
Hand in to your study advisor at the Education Office, Ecology Building

I have read the project instructions

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(Date and Student signature)

Student fulfills requirements

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(Date and Study Advisor signature)

Name of student

\_\_\_\_\_

Civic reg. number (Personnummer)

\_\_\_\_\_

E-mail

\_\_\_\_\_

Phone

\_\_\_\_\_

Project in: **Biology**

- BIOT05 7.5 credits (hp)
- BIOT03 15 credits (hp)
- BIOT04 30 credits (hp)

**Molecular Biology**

- MOBT05 7.5 credits (hp)
- MOBT03 15 credits (hp)
- MOBT04 30 credits (hp)

About the project:

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

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 \_\_\_\_\_

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Date

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Student signature

Supervisor:

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(Date and Supervisor signature)

Project plan approved by Examiner ( \_\_\_\_\_ ): \_\_\_\_\_

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(Date and Examiner signature)