

Form for Master Thesis

I have taken part of the information and understand what I need to think about when filling out this form

Master Thesis (*preliminary title*)

Course Code Master Thesis
(See Student Portal)

Credits

Department

Option 1

Option 2

Optional

to

to

Start date of project

Expected date for completion

credits

credits

If you intend to pause your master thesis, fill out duration above and credits you wish to distribute before and after the pause

If it is a collaboration with a company/organization: Company/Organization Contact at company/organization

I am a fee paying or scholarship student: Yes No

Student's name

Personal ID-number
(YYMMDDXXXX)

Passed credits

Code for MSc-programme

Student's email address

I am a fee paying or scholarship student Yes No

Student's name

Personal ID-number
(YYMMDDXXXX)

Passed credits

Code for MSc-programme

Student's email address

Special section only to be filled out if needed for the Master's Programme.

Main field of study for the thesis:

(The main field of study should be decided by the Director of Master's Programme together with the examiner for the thesis).

APPROVED BY EXAMINER/COORDINATOR

APPROVED BY THE DIRECTOR(S) OF MASTER'S PROGRAMME:

(the master thesis is accepted as the master thesis in the stated programme)

MSc programme

MSc programme

We only accept digitally signed forms.

Send completed form, before you start the master thesis, to masterthesis@chalmers.se