



LUND UNIVERSITY
Faculty of Science

Report title

Author Name

Thesis submitted for the degree of Bachelor of Science
Project duration: MM months

Supervised by N.N and M.M

Department of Physics
Division of XXX Physics
Month 20YY

Keep the reverse side of the title page blank

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Report title: title of your project

Author name: your name

Degree: Master or Bachelor, depending on the project

Project duration: full-time equivalent (e.g. 4 months half-time is 2 months)

Supervisors: name(s) of your supervisor(s)

Department: Department of Physics

Division: your Division name

Date: date of the examination (e.g. May 2016)