SUPERVISOR FORM

The hours of supervision includes the time spent on reading the thesis draft, written comments and personal contact with the student.
(jf. reglementet for spesialoppgaver § 3, § 10.)

Thesis title: ……..
Name of supervisor: ……
Tel nr:…… E-mail:……...

DATE	HOURS SPENT ON SUPERVISION	SUPERVISOR

HOURS SPENT ON SUPERVISION (IN TOTAL):

This form is to be handed in together with the thesis

Date:……**Supervisor:**……