



APPLICATION FOR APPROVAL OF STUDY PLAN FOR THE MASTER STUDY / AGREEMENT UP TO FINAL EXAMINATION

This Agreement is a co-operation agreement between student, supervisor(s) and Programme Board concerning mutual rights and duties in connection with the plan for the Master study. The Agreement consists of a form and such enclosures as shall be submitted for the purposes of approval.

The form shall be filled out after admission to the Master Programme. The form is to be filled out by the student in co-operation with supervisor(s) and submitted to the Programme Board for approval.

1. PERSONAL INFORMATION

Form with fields for Surname, Forename; Identity number (11 digits); Telephone number; E-mail address; Address; Postal code; City; Telephone; Email.

2. CONTACT PERSON IS (UNTIL SUPERVISOR IS APPOINTED):

Form with fields for Surname, Forename; Place; Telephone number; E-mail address; Assigned for what period.

Version 15.02.2006





**8. SUPERVISOR AND SUPERVISION**

Name of supervisor:	Office address, telephone, e-mail, post held:	Supervisor's function ( <i>indicate letter</i> ):	
		P = Principal supervisor C = Co-supervisor	I = Internal E = External

For any supervisor(s) not employed by the Department of Nutrition, a brief presentation is to be given here of his/her/their qualifications as supervisor(s) for the dissertation:

If the principal supervisor is external or temporarily employed, state here the internal supervisor the Programme Board has appointed as responsible:      :

Information about any times during the period of the Agreement when the supervisor(s) is/are not available:      :

How will supervision be ensured during this/these period(s)      :

**9. PLACE OF WORK AND NEEDS FOR RESOURCES**

The research task will be performed in the following place (department, section etc.):	
The student's place of work will be (any room and telephone number):	
Are necessary apparatus, equipment, normal operating funds and other resources available? ( <i>If No, give grounds and comments on a separate sheet. If there is a need for other operating materials, such as:</i> _____, <i>specify on a separate sheet.</i> )	Yes:      No:
Has the unit where the work on the Master's Degree dissertation shall be carried out approved the anticipated use of resources?	Yes:      No:
Is this expected to exceed normal use of resources?	Yes:      No:

**10. BINDING SIGNATURES**

*Student and supervisor – if external or temporarily employed supervisor, then also internal supervisor – are in agreement on items 3-9. It is the responsibility of both the supervisor and the student that the plan is followed, both in terms of content and progress.*

*Student and supervisor must familiarise themselves with the rules and guidelines currently in force for supervision, implementation, copyright and other matters relating to the Master’s Degree Course. Information is available from the Programme Board.*

	Date:	Signature:
Student:		
All supervisors:		

Prescribed enclosures pursuant to the following items of the Agreement	Enclosed cross off
<b>6. Master thesis; project description</b>	<input type="checkbox"/>
<b>7. Any agreements relating to part-time study or leave</b>	<input type="checkbox"/>
<b>9. Any appendices concerning resources/operating funds</b>	<input type="checkbox"/>
<b>Other enclosures:</b>	

**11. APPROVAL OF PLAN FOR THE MASTER’S DEGREE COURSE**

*To be completed by the Programme Board.*

Student’s name (surname, forename):	Date of birth (6 digits):						
<b>DECISION:</b>							
_____ (state Master’s Degree)							
_____ (state subject area, if any)							
_____ (state field, if any)							
<b>is approved with any amendments/comments that are indicated below.</b>							
<i>Any amendments to/comments on the plan submitted:</i>							

Blindern.....  
Date
Signature

**Copy of the Agreement to be sent to the student and the supervisor(s).  
 Copy of the appendix specified in item 3 to be sent to the contact person as well.**