



UNIVERSITY OF GOTHENBURG

Agreement for Degree thesis project
Minor Field Studies

Student name: _____

Student's personal ID-number: _____

E-mail: _____

Supervisor abroad (name and title): _____

Department/Clinic/Company: _____

Address: _____

E-mail: _____

Phone: _____

Supervisor in Sweden (name and title): _____

E-mail: _____

Phone: _____

Project title: _____

Time period of project (as precise as possible due to insurance issues):

The Swedish supervisor assures that the project is suitable and viable (check-mark in the box).

The student will get continuous supervision and assistance with practical arrangements and contacts etc. abroad (check-mark in the box).

Date and signature, Student: _____

Date and signature, Supervisor abroad: _____

Date and signature, Supervisor in Sweden: _____

The document should be signed, scanned and sent to the student by email.
The student is responsible to include the signed document with the application for Minor Field Studies.