FACULTY OF HEALTH AND MEDICAL SCIENCES UNIVERSITY OF COPENHAGEN

Independent Elective Study agreement

Part-time master's programmes
It is hereby agreed that

Name of student:		Student no.:
in the period		<u> </u>
Commencement date:	Expected completion date:	
will undertake an independent elective study.		
Project title (in Danish):		
Project title (in English):		
Project description (outline project objective and requirements for academic content and outcomes):		
Language:		
of the following scope:		
ECTS credits:		
Assessment form (e.g. oral examination, written report, poster):		
Length of report (if applicable):		
The project will be supervised by:		
Name of supervisor:	Department:	
	l	
Date and signature (student)	Date and signature (Faculty supervisor)	

Once the agreement has been signed, a scanned copy should be sent to The Office of Continuing and Professional Education $\underline{master@sund.ku.dk}$