

Independent Elective Study Agreement

Part-time master's programmes

t is hereby agreed that		
Name of student:		UCPH username:
in the period		
Commencement date:	Expected complet	tion date:
will undertake an independent elective study.		
Project title (in Danish):		
Project title (in English):		
Language:		
of the following scope:		
ECTS credits:		
Assessment form (e.g. oral examination, written	n report, poster):	
Length of report (if applicable):		
The project will be supervised by:		
Name of supervisor:	Departm	nent:
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 <u>master@sund.ku.dk</u>