



Please submit the completed form to the Educational Administration at the Department of Computer Science, Electrical and Space Engineering, [edusr@ltu.se](mailto:edusr@ltu.se)

## APPLICATION DEGREE PROJECT

The application refers to course code (see programme syllabus)

### Student

Name	Swedish identity number (date of birth)
Programme	Specialization
Mobile no	E-mail address (student account)

### Degree Project

Working name/preliminary title	
Planned start date	<input type="checkbox"/> The Degree project will be done together with another student, name
Required appendices <ul style="list-style-type: none"> <li>• A clear work description, including an implementation plan</li> <li>• Transcript if you have studies from another university then LTU</li> </ul>	<input type="checkbox"/> Any remaining courses, please specify below
Have you asked/requested a particular examiner? If yes, please state the name and division of the examiner	

### Supervisor at the company or LTU division

Name	Title
Company/LTU division	E-mail

### Any remaining courses (state course code)

### Expected to be completed

Any remaining courses (state course code)	Expected to be completed

Prior to and in connection with the presentation of the thesis, your name and work title will be published. Some photography may occur. For further information see: <https://www.ltu.se/about/Behandling-of-personal-data-GDPR>

**NOTE! The degree project will become a public document at the examination.**

### I hereby certify that the information above is correct

Date	Signature + name of the student
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**ASSESMENT OF ELIGIBILITY (to be filled in by the department)**

Eligibility checked against the current course syllabus

Eligible  Not qualified

Date	Educational administrator, signature
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**Reasons if not qualified**


**The Program leader of the program decides whether the proposed degree project is within the subject area and whether student have the required specialization.**

Meets specified eligibility requirements  Does not meet specified eligibility requirements

Date	Examiner, signature + name
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**Reasons for rejection**


**The Program leader appoints Internal Supervisor / Examiner:**

Name of Internal Supervisor / Examiner:
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**For Admission**

**Admission information to the student**

**To Retendo**

Date/sign.	Date/sign.	Date/sing.
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