



Please submit the completed form to the Educational Administration at the Department of Engineering Sciences and Mathematics or via e-mail to [edutvm@ltu.se](mailto:edutvm@ltu.se) no later than one month before the planned start.

## 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 |
|------|---------------------------------|



Please submit the completed form to the Educational Administration at the Department of Engineering Sciences and Mathematics or via e-mail to [edutvm@ltu.se](mailto:edutvm@ltu.se) no later than one month before the planned start.

**ASSESSMENT OF ELIGIBILITY (to be completed by the department)**

**Eligibility checked against the current course syllabus**

Eligible  Not qualified

|      |                                      |
|------|--------------------------------------|
| Date | Educational administrator, signature |
|------|--------------------------------------|

**Reasons if not qualified**

|  |
|--|
|  |
|  |
|  |
|  |

**Appointed examiner decides whether the proposed degree project is within the subject area and whether the student has the required specialization.**

Approved  Rejected

|      |                            |
|------|----------------------------|
| Date | Examiner, signature + name |
|------|----------------------------|

**Reasons for rejection**

|  |
|--|
|  |
|  |
|  |

**Any internal supervisor**

|      |                  |
|------|------------------|
| Date | Signature + name |
|------|------------------|

**For Admission**

**Admission information to the student**

**To Retendo**

|            |            |            |
|------------|------------|------------|
| Date/sign. | Date/sign. | Date/sing. |
|------------|------------|------------|