



Master Program in Biostatistics

Registration

for the Master Thesis in Biostatistics (STA 495)

To be completed by the candidate at the start of the master thesis

Name:
Matriculation number:
Hereby I confirm that I have read and understood the information sheet concerning master thesis (STA495), master exam (STA499) and master degree completion.
Date, signature of the candidate:

Working title of the master thesis:
Supervisor(s): (with affiliation if external to the program, indicate internal responsible supervisor)
Responsible Faculty member:
Start date: Submission date:
Date of intermediate presentation: (month)
Signatures:
Date, signature of the candidate:
Date, signature of the supervisor:
Date, signature of the scientific coordinator: