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| **PERSONAL DATA of the student** |
| Name       |
| University 1 (first year) | Student number      | Total of credit units completed      | Total of credits      |
| University 2 (second year) | Student number      | Total of credit units completed      |
| Present mailing address, country of residence during thesis writing      |
| E-mail address       | Phone number       |
|  |
| **supervisors and instructors of the master’s thesis** |
| Name, E-mail or phone number of the supervisor (professor) of the Master’s thesis / **University 1**  **Main supervisor** **[ ]**       |
| Name, degree title (M.Sc/PhD etc.), name of the university/company/research institute, E-mail or phone number of the instructor or other contact person of the Master’s thesis / (if applicable)      |
|  |
| Name, E-mail or phone number of the supervisor (professor) of the Master’s thesis / **University 2** **Main supervisor** **[ ]**       |
| Name, degree title (M.Sc/PhD etc.), name of the university/company/research institute, E-mail or phone number of the instructor or other contact person of the Master’s thesis / (if applicable)      |

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| **topic, methods and LANGUAGE**  |
| Topic of the Master’s thesis and description of methods applied      |
| Language of the Master’s thesis: **English** |

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| **THESIS SCHEDULE AND TIMELINE**  |
| Deadline for delivery:      |
| Major milestones and timing:      |
| Reporting procedure and meetings agreed on between the student and the supervisors:      |

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| **SIGNATURE OF the student** |
| Date   /  20   | **[ ]** Yes, I have read and understood the instructions of the thesis process and contacted and informed both of my supervisors. |
| Signature |
| Name in block letters |

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| --- |
| **statement of the SUPERVISOR of university 1** |
| I approve of the suggested topic of the Master’s thesisThe Master’s thesis report has to be handed-in no later than   \_\_\_\_\_/\_\_\_\_\_20\_\_\_\_\_\_ |
| Date   /  20   | **[ ]** Yes, I have received and read the recommendations for supervisors.  |
| Signature |
| Name in block letters       |

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| **statement of the SUPERVISOR of university 2** |
| I approve of the suggested topic of the Master’s thesisThe Master’s thesis report has to be handed-in no later than   \_\_\_\_\_/\_\_\_\_\_20\_\_\_\_\_\_ |
| Date   /  20   | **[ ]** Yes, I have received and read the recommendations for supervisors.  |
| Signature |
| Name in block letters       |

The signed form has to be returned to Susan Løvstad Holdt (AQFood co-ordinator) suho@food.dtu.dk

**BEFORE the thesis starts.** **Cc: main supervisor and joint supervisor**