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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 thesis  The 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 |

|  |  |
| --- | --- |
| **statement of the SUPERVISOR of university 2** | |
| I approve of the suggested topic of the Master’s thesis  The 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](mailto:suho@food.dtu.dk)

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