Application and Project Plan
VMFN17 – Second Cycle Project Work

The application must be uploaded with your online application for exchange or submitted to marcus.jaras@med.lu.se no later than 2 weeks before you plan to start your project!

1 Applicant

Name*: Personal code number:
Email: Phone:

2 Supervisor

Name*: Department: Hämtställe:
Address: Email:
Zip code: City: Phone:

* with these words I accept the assignment to supervise the project.

3 Examiner

Name*: Department: Hämtställe:
Address: Email:
Zip code: City: Phone:

* with these words I accept the assignment to critically review the project.

4 Project description

4.1 Project title:

4.2 I will start the project (yymmdd) With a rate of study (100%, 50% or 25%)

4.3 The ethical committee has approved the project or application is filed:
Yes: ☐ Not needed: ☐ Specify taken under Ethical considerations and health hazards in the research plan.

4.4 Does the project involve work with special health hazards (biohazards class 2 or higher, radioactivity etc)
No: ☐ Yes: ☐ If yes, specify the risks for the student and protective measures taken under Ethical considerations and health hazards in the research plan.

4.5 The supervisor is aware of and will sign and send in the document “OCCUPATIONAL HEALTH AND SAFETY RESPONSIBILITY FOR STUDENTS” (see page 3-6) ☐

5 To be filled out by the course coordinator

5.1 Registered (date): 5.2 Coordinator:

5.5 Report submitted:

5.6 Examination:
6 Research plan

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Should contain hypothesis, background, experimental design, methods, significance, ethical considerations, and a time schedule. The total length should not exceed 2 A4 pages.

About 2 week should be reserved for writing the report and prepare for the oral presentation