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| Student number | Enter text here. |
| Last Name | Enter text here. |
| First Name | Enter text here. |
| Examiner/supervisor | Enter text here. |
| Research group | Choose an item. |

## Learning objectives

*The examination board will regularly check the achieved level of completed capita selecta courses.*

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| After completion of this course the student ………… |

## Motivation for following this course

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| Please indicate why the student wants to follow this course and why the learning objectives cannot be reached in a regular course. |

## Course materials to be used

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## Learning activities

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## Time schedule

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## Assessment procedure and criteria

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Please, sign this form by using your digital signature or by signing a printed version. When you sign digitally, the document will be made read only.

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| Signature examiner/supervisor(mentioned above) | Signature student |



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| Date: Enter a date. | Date: Enter a date. |