|  |  |
| --- | --- |
| Student number | Enter text here. |
| Last Name | Enter text here. |
| First Name | Enter text here. |
| Committee chair | Click here to enter text. |

# Planning

## Courses still to be completed

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Course** | **Quarter** | **Number of weeks of full time study** |
| Enter text here. | Enter text here. | Enter text here. | Enter text here. |
| Enter text here. | Enter text here. | Enter text here. | Enter text here. |

## Holidays and periods of absence

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for absence** | **Starting date** | **End date** | **Number of weeks** |
| Enter text here. | Enter a date. | Enter a date. | Enter text here. |
| Enter text here. | Enter a date. | Enter a date. | Enter text here. |
| Enter text here. | Enter a date. | Enter a date. | Enter text here. |

## Work load per week for the project

|  |  |  |
| --- | --- | --- |
| **Number of hours per week to spend on the project** | **Reason for not working full time (if applicable)** | **Number of weeks to be spent on the project** |
| 40 | Enter text here. | 28 |

***If the project is carried out in part time, it should be indicated explicitly how the remaining hours of the week are spent. The signature of the committee chair indicates explicit approval of this arrangement. The number of weeks for the project should be chosen such that 28 weeks of full time working are obtained.***

## Total period for the master’s thesis research

|  |  |
| --- | --- |
| **Activity** | **Weeks** |
| Master’s thesis | 28 |
| Delay master’s thesis | 4 |
| Time for courses (from the table above) | Enter text here. |
| Absence (from the table above) | Enter text here. |
| **Total number of weeks** | **Enter text here.** |

## Starting and end date of the master’s thesis

|  |  |
| --- | --- |
| Starting date | Enter a date. |
| End date | Enter a date. |

***Note that the period between starting date and end date should be according to the total number of weeks above.***

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.

|  |  |
| --- | --- |
| Signature committee chair(mentioned above) | Signature student |



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