**Master's thesis contract (with two supervisors) (version 2017)**

Student: ..…........................................................…………………………………..

Address: .......................................................………………………………………….

Postcode/Town or city: ......................................................…………………………………………..

Tel. no.: .......................................................………………………………………….

Degree programme: ...............................…………………….. student number.................

Supervisor 1: .................................................……………………………………………….

(Name and Chair) ...........................................………………………………………..............

Supervisor 2: .................................................……………………………………………….

(Name and Chair) ...........................................………………………………………..............

Third reader: ...........................................………………………………………..............

(Name and Chair) ...........................................………………………………………..............

Description of topic: .................................................………………………………….............

 .......................................................…………………………….............

Language of final version: .......................................................…………………………….............

Contribution by Supervisor 1: .................................................……………………………………………….

. ......................................................………………………………………….

Contribution by Supervisor 2: .................................................……………………………………………….

 ……….......................................................…………………………………

Number of credits: …....... Teaching load for Supervisor 1 ....................................

 Teaching load for Supervisor 2 ...................................

Start date: ................. End date: .........................……………………

Submission date for plan of work............................................

Minimum and maximum number of supervision interviews with Supervisor 1 ........./.........

 with Supervisor 2 ........./.........

At least once every ..... weeks, a joint meeting with both supervisors will take place.

Assessment timescale for supervisors: ............................................................…….........................

Assessment timescale for third reader: ..................................................... …......…......................

Additional agreements: .................................................……………………………………………….

 .......................................................………………………………………….

Signed for agreement:

Place and date ..........................................................

..........…….. .........……… ..........…….. ..........……….

signature of signature of signature of signature of

student Supervisor 1 Supervisor 2 third reader

**Send pdf to the coordinating staff member**