**Thesis contract**

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

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

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

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

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

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

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

Second reader: ...........................................………………………………………..............

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

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

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

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

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

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

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

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

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

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

Assessment timescale for supervisor: ............................................................…….........................

Assessment timescale for second reader: ..................................................... …......…......................

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

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

Signed for agreement:

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

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

signature of signature of signature of

student Supervisor second reader

**Send pdf to the coordinating staff member**