Registration form thesis / internship



registration nr.			study program	
first name			BSc completed	
last name			Planned start	
address			Planned end	
postal code + city				
phone number		Prerequisite courses		
email address				
second email				
project type			subject	
course code			Subject	
chair group	% supervision	on D		
second chair	% second c		collaboration with	other student
third chair	% third cha	ır [combined with su	bject
REG supervisor			remarks	
2nd supervisor				
3rd supervisor			country of fieldwo	rk
study advisor				
also registered at another university			student declares to follow WUR travel policy, and submit required forms when traveling to risky areas (code yellow, orange or red)	
student agrees to attend at least 8 colloquia			studen	t agrees to see a doctor before starting
emergency contact			external supervisor	
full name			full name	
address			organization	
postal code + city			address	
phone number			city + country	
email address			email address	

Please write 5-7 lines about yourself, and your project This introductory text will be sent to all REG staff & students, alongside the colloquia announcements. Keep it short and concise: maximum 250 characters. Attach a picture of yourself Optional, but much appreciated. We will only use this picture for the announcement.

Please email this completed form to patricia.meijer@wur.nl