



SUPERVISION CONTRACT FOR THE MASTER THESIS IN CLINICAL NUTRITION

This document constitutes a collaborative agreement between the student, the supervisor(s) and the Department of Nutrition/the study programme in Clinical Nutrition and applies to the agreed plan for the student's master thesis. It sets out the mutual rights and obligations of the student and supervisor(s), based on the University of Oslo's ethical guidelines for supervisors: <https://www.uio.no/english/about/regulations/ethical-guidelines/ethical-guidelines-supervisors/index.html>

Points 3-5 cover the plan for the master thesis and should be filled out by the student in collaboration with the supervisor(s). The completed form and attached project description (see point 2 below) should be handed in to the study programme's student adviser for approval by the Department.

1. PERSONAL INFORMATION

Surname:		First name(s):												
Date of birth (8 digits)														
Address:														
Postal code:						Town/city:								
Telephone no:						Email address:								

2. MASTER THESIS

NB: A project description of the master thesis must be attached to the supervision contract. For more information about how to write a project description, please refer to the master thesis handbook.

Have you attached your project description? (YES/NO)	
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3. SUPERVISOR(S)

Name of supervisor(s) (use capital letters)	Telephone no. and email address:	Supervisor's role: (use the letters below):	
		H = Main supervisor B = Co-supervisor	I = Internal E = External
For supervisors who are not employed by the Department of Nutrition, please give a short presentation explaining why the external supervisor(s) is (are) qualified to supervise this master thesis:			
If the main supervisor is external and there are several co-supervisors, state which of the co-supervisors employed at the Department is to be the responsible project leader:			
Are there any periods during the master thesis plan when supervisor(s) are not available?:			
How will supervision be carried out during these periods of unavailability?:			

4. WORKPLACE AND NECESSARY RESOURCES

The student's workplace (room no. if appropriate and tel. no.):
The research (fieldwork) will be carried out in the following location (department, institution, country etc.):
The student's workplace during fieldwork, if different from the above (room no. if appropriate and tel. no.):
Are the necessary resources, including equipment, apparatus and normal operating expenses available? <i>(If not, give an explanation here):</i>
Have the required research approvals been granted? <i>(If not, give an explanation here):</i>

5. BINDING SIGNATURES

The undersigned student and the supervisor(s) hereby confirm that they agree to points 2-4. It is the responsibility of both the student and the supervisor(s) to ensure that the content and the time schedule laid down in the plan are complied with.

The student and supervisor(s) must familiarise themselves with the current rules and regulations governing supervision, implementation, copyright and other matters relating to the master thesis.

	Date:	Signature:
Student:		
All supervisors:		

This contract is valid until:

- a) the student has completed his/her master degree by passing the final master exam, or when:*
- b) the student changes his/her supervisor(s), or when:*
- c) the student withdraws from the study programme, or when:*
- d) the student loses his/her right of admission to the master programme.*

6. APPROVAL OF THE SUPERVISION CONTRACT

To be completed by the Department:

Student name (surname, first name(s):	Date of birth (6 digits):						
RESOLUTION:							
<p>The plan for the following study programme: Master in Clinical Nutrition is hereby approved, subject to any modifications/comments listed below.</p>							
<i>Modifications/comments to the submitted plan:</i>							

Gaustad
Date
Signature
Stamp

A copy of this contract must be sent to the student and supervisor(s)