LUND UNIVERSITY
Faculty of Science

APPLICATION FOR A
LICENTIATE SEMINAR

This form is to be sent to the Science Faculty Office, mail stop 39, no later than 5 weeks before the seminar.

Surname of the respondent	First name of the respondent
Personal identity number	Department or division
Discipline (and specialization, if applicable)	
Main supervisor (name, title, dept., e-mail)	
All other supervisors (name, title, dept., e-mail)	
Thesis title	
The thesis is available for scrutiny at (location)	
Date and time for the seminar Kl.	Venue (room and address)
Chairman at the seminar [1] (name, title, dept., e-mail)	
Opponent (name, title, dept., e-mail)	
Examiner [2] (name, title, dept., e-mail)	
Date	Signature (examiner)

☐ The person normally responsible for the research education discipline is supervisor or otherwise biased. Thus, the head of department confirms the application and assigns the examiner as stated above.

Signature (head of department)

The licentiate seminar, as stated above, is approved

……	……	……..
Date	Signature (vice dean)	Clarification of signature

1. The chairman is normally a teacher in the discipline 2. The examiner is normally the person responsible for the research education discipline