

**Department of Global Public Health**

**ISP-seminar**

Date ………………………………………..

Name………………………………………………………………………………….

Project…………………………………………………………………………………

Supervisor…………………………………………………………………………….

Reviewer……………………………………………………………………………..

**Assessment:**

Study plan:

Credit points/courses…………………………………………………………………………………………

Time plan………………………………………………………………………………………………………

**Project plan:**

Background

Questions

Methods

Limitations

Ethics

Comments

Date:

Signature Supervisor (main) …………………………

Date:

Signature Reviewer …………………………………….

Date:

Signature Director of Doctoral Education………………………………..