



LUNDS UNIVERSITET
Lunds Tekniska Högskola

Registration form:
LTH Docent Course

Date of arrival:
(LTH's annotation)

I wish to register for the course:

Course Name: _____

Course Date (start date): _____

Name: _____

Swedish Personal Number: _____

Work Title: _____

Department: _____

Phone (extension): _____

E-mail: _____

I plan to submit my application to be
awarded the title of Reader in (year + month): _____

Application approved:

Signature from Head of Department or Thesis Advisor

Please complete and print this registration form. Have it approved and signed by your
Head of Department or Thesis Advisor.
Send the completed and approved form to Lisbeth Tempte, LTHs kansli, hst 55