

UNIVERSITY OF OSLO
FACULTY OF EDUCATIONAL SCIENCES
ADMENDMENTS TO SUPERVISOR AGREEMENT

Name (last name, first name)

Master Programme

Address

Extension to the original contract

Name of supervisor _____

Extended Agreement is valid from _____ to _____

Change of supervisor

New Supervisor: _____ replaces _____

Address, telephone and email address of new supervisor _____

Signatures

	Date	Signature
Supervisor	Date	Signature

When the Agreement is approved, the Department is formally responsible for supervision. This responsibility no longer applies should the student clearly and unjustifiably deviate from the plan.

Agreement approved _____
date on behalf of the Department

The information in the Agreement is solely for internal use and will be kept at the Department. Copies of the Agreement will be sent to the student and the supervisor(s).



The Faculty Secretariat
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