

CENTRE FOR HIGH RESOLUTION TRANSMISSION ELECTRON MICROSCOPY

Project Register Form

To be hand delivered to Genevève Marx:
Room 6
Or emailed to: Geneveve.Marx@mandela.ac.za
Tel: 041 – 504 2098

Supervisor's Signature:

Date (MM/DD/YYYY): _____

PRIMARY RESEARCHER / STUDENT NAME			
INSTITUTION			
PROJECT TYPE	ACADEMIC		INDUSTRY
PROJECT TITLE			
PROJECT DESCRIPTION			

Student Project

SUPERVISOR		
- TEL		
- EMAIL		
CO-SUPERVISORS	CO-SUPERVISOR 1	CO-SUPERVISOR 2
- NAME		
- TEL		
- EMAIL		
QUALIFICATION FOR WHICH WORK IS BEING DONE		
START DATE (DATE OF FIRST REGISTRATION)		
ANTICIPATED DATE OF SUBMISSION		

Anticipated Level of Training

(LEVEL: NO EXPOSURE / EXPOSURE / OPERATOR)	INSTRUMENT:
	LEVEL:

NOTE: Digital signatures will not be accepted.