

**CENTRE FOR HIGH RESOLUTION TRANSMISSION ELECTRON MICROSCOPY**

**PROJECT REGISTER FORM**

To be delivered to Dr. Genevève Marx:  
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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(S)	