

CENTRE FOR HIGH RESOLUTION TRANSMISSION ELECTRON MICROSCOPY

PROJECT REGISTER FORM

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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)	