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| Application for Master Thesis Project  in collaboration with Regulatory Affairs, Novo Nordisk | |
| Student | **Copenhagen University supervisor** |
| Name:  E-mail:  Phone number: | Name:  E-mail:  Phone number: |
| Description of Master Thesis Project | |
| Preferred thesis start date:  Preferred thesis end date: | |
| Thesis working title: | |
| Please describe what you want to investigate in the thesis and how you aim to do it: | |
| Novo Nordisk support needed | |
| Please describe what you need from a Novo Nordisk supervisor in terms of support: | |

Send your completed form to [RAMasterThesis@novonordisk.com](mailto:RAMasterThesis@novonordisk.com)

We will get back to you no later than 14 days after the deadline posted on novonordisk.com.