



UNIVERSITY OF GOTHENBURG
THE SAHLGRENSKA ACADEMY

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Department of Pharmacology

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**TESTIMONY OF COMPLETED MASTER THESIS AT
THE MASTER PROGRAMME IN PHARMACY**

By this I ascertain that _____ has independently performed a project equalling 20 weeks of full time studies, and has presented the results and conclusions of the project in a written report, in accordance with the instructions for a Master Thesis at the Master programme in Pharmacy, University of Gothenburg.

Signature of Supervisor (written by hand)

Clarification of Signature

Department/Institute/Company

City, Country and Date

Yes, the student has performed an oral presentation under my supervision (mark if applicable)

THIS DOCUMENT IS TO BE FILLED OUT BY THE SUPERVISOR AND
HANDED OVER TO THE STUDENT (EITHER PRINTED OR SCANNED).