

Application for a student project



Please fill out the following application and send it to info@movisens.com

Applicant

Last name, first name:

Supervising professor:

Shipping Address

University:

Institute:

Street:

City:

Postcode:

Country:

Telephone:

E-Mail:

Support Requested

Date of the Study (when do you need the sensors):

Duration of Study (how long do you need the sensors):

Number of Sensors: Move 3, LightMove 3, EcgMove 3, EdaMove 3,

Please tell us in one sentence, what you love about movisens sensors:

Outcome

Publication of results:

Follow up Project/s:

I will inform movisens about the results of the project and its publications.

I confirm that the information in this application, including the study description can be used by movisens.

Date:

Signature of supervisor:

Your Study

Title of your study.

Please tell us about your study. What is the goal of your study? What are the hypotheses of your study? Describe the study design. (100-500 words, please use a separate document)

To be filled out by movisens:

<input type="checkbox"/> accepted	S1	S2	S3	S4	S5	S6
Date						