**Master Thesis Project outside EPFL**

**(company/institution or other university)**

Student Name & Surname

Start date: End date:

Must be 25 weeks (6 months)

Company/University:

Full address

Company/University Supervisor:

(name, e-mail and lab if applicable)

EPFL Supervisor:

(name, e-mail and lab)

Project Title:

Description of Project

(It is important to have a detailed description taking into consideration the research & development as well as the technical challenge)

Salary:

(if applicable)

Confidentiality

Yes: ⃝ No: ⃝

If yes, details:

Signatures

Company/University supervisor: Date:

EPFL supervisor: Date:

Student: Date:

**Section**

Topic accepted: ⃝ Comments:

Topic Refused: ⃝

**Once completed, this form is to be handed in to the DH section (INN137) or sent by e-mail to Kathleen.collinsmarton@epfl.ch**