

MASTER'S PROJECT

VALIDATION OF THE TOPIC

Once completed, to be returned to the internship office (INN 131)

NAME & SURNAME	MASTER <input type="checkbox"/> IN <input type="checkbox"/> SC <input type="checkbox"/> DS <input type="checkbox"/> Cyber <input type="checkbox"/>
STARTING DATE	ENDING DATE
COMPANY / UNIVERSITY <i>(full address)</i>	
PROJECT'S TITLE	
DESCRIPTION OF THE PROJECT <i>(CYBER SECURITY STUDENTS MUST DO THEIR MASTER'S PROJECT IN THE FIELD OF CYBER SECURITY <u>ONLY</u>)</i>	
SIGNATURE <i>(student)</i>	

<input type="checkbox"/> TOPIC ACCEPTED <input type="checkbox"/> TOPIC REFUSED	COMMENTS
DATE	SIGNATURE <i>(Section's Director / Deputy Head)</i>

Once you have found the IC professor who will supervise the project, please complete the registration form which is at the back of this sheet.

MASTER'S PROJECT REGISTRATION FORM

Once completed, to be returned to the internship office (INN 131)

NAME & SURNAME	MASTER <input type="checkbox"/> IN <input type="checkbox"/> SC <input type="checkbox"/> DS <input type="checkbox"/> Cyber <input type="checkbox"/>
STARTING DATE	ENDING DATE
PROJECT'S TITLE	
<small>(CYBER SECURITY STUDENTS MUST DO THEIR MASTER'S PROJECT IN THE FIELD OF CYBER SECURITY ONLY)</small>	
COMPANY / UNIVERSITY	
COMPANY/ UNIVERSITY SUPERVISOR <i>(name and email)</i>	
EPFL SUPERVISOR <i>(email)</i>	LABORATORY
SALARY	
CONFIDENTIALITY <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, DETAILS	
OFFICIAL STAMP AND SIGNATURE	
Company / University supervisor	Date _____
_____	_____
EPFL supervisor	Date _____
_____	_____
Student	Date _____
_____	_____

Once this form is completed and signed by all parties, please submit it to the internship office (INN131)