

## REGISTRATION FORM

**Deadline to register: end of the 1st semester of the master studies**

### STUDENT'S PERSONAL INFORMATION

Last name: .....

First name: .....

SCIPER: .....

E-mail address: .....

Section: ..... Current semester: .....

I register for the Minor in : .....

Minor director's name: .....

Date: .....

Signature:

.....

#### Please return this form to:

- the administrative office of your section (1 copy)
- the administrative office – office INN 111 (1 copy)

**LIST OF COURSES****Semester 1**

<b>Code</b>	<b>Title</b>	<b>ETCS</b>

**Semester 2**

<b>Code</b>	<b>Title</b>	<b>ETCS</b>

**Semester 3**

<b>Code</b>	<b>Title</b>	<b>ETCS</b>

List of courses approved by the Minor director: .....  
*Director's name*

Date: ..... Signature: .....

Remarks: .....

**If you do a project** as part of your minor, please complete the following information:

Project's title: .....

Name of the Laboratory: .....

Name of the Professor: .....

Date: .....

Signature of the Professor: .....

Signature of  
Me Sylviane Dal Mas: .....