

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**

Code	Title	ETCS

Semester 2

Code	Title	ETCS

Semester 3

Code	Title	ETCS

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:

** Registration upon authorization of the section. Only for students in the 2nd year of the Master's programme.
The project must be carried out in an IC laboratory and must be supervised by a professor in IC*

Date:

Signature of the Professor:

Signature of Me Eileen Hazboun:
Deputy Head, BS/MS Programs