

## SEMESTER PROJECT FORM

***Once you have completed this form, please submit it by email to the Master office***

I, the undersigned

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*(name of the professor)*

certify that the project

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*(title of the project)*

Semester

Key words

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*(optional)*

of the student

meets the requirements of Cyber Security.

Date and Signature of the Professor

Date and Signature of IC co-supervisor  
if project is off list

Date and Signature of the Deputy Head BS/MS, Eileen Hazboun

***Upon authorization from the Deputy Head, you can proceed to registration to the project in IS-Academia***