SEMESTER PROJECT FORM

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

I, the undersigned
______________________________________________________________________________
(name of the professor)
certify that the project
______________________________________________________________________________
(title of the project)
Semester
______________________________________________________________________________
Key words
______________________________________________________________________________
(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