REGISTRATION FORM

Deadline to register: end of the 1st semester of the Master program

STUDENT’S PERSONAL INFORMATION

Last name: ………………………………………………………………………………………………………………………………
First name: ………………………………………………………………………………………………………………………………
SCIPER: ……………………………………………………………………………………………………………………………………
Email address: ……………………………………………………………………………………………………………………………
Section: ……………………………………………………………………………………………………………………………………..
Current semester: ………………………………………………………………………………………………………………………

I register for the Minor in:

☐ Biocomputing
☐ Computer science
☐ Communication systems
☐ Cyber security
☐ Data science

Minor advisor: ……………………………………………………………………………………………………………………………

Date: ………………………………………… … Student’s Signature: ……………………………………………………………

Form to be completed and submitted to your minor advisor before the end of the 1st semester of the Master program.

After having obtained the minor advisor’s approval, please send a copy of the registration form to the administrative office of your section of origin, and enroll for the minor on IS-Academia.
List of courses approved by the Minor advisor: ..............................................................

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

Please note that courses already taken as part of the Bachelor or Master degree cannot count a second time as part of the minor.

In case of further changes in your choice of courses, please send an updated form to the minor advisor.
If you choose to do an optional project * as part of your minor (only in Computer science, Data science and Communication systems), please complete the following information:

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

Project’s title: ........................................................................................................................................

Name of the Laboratory: ........................................................................................................................................

Name of the IC Professor: ........................................................................................................................................

Date: ........................................................................................................................................

Signature of the Professor: ........................................................................................................................................

Date: ........................................................................................................................................

Signature of Eileen Hazboun, Deputy Head BS/MS: .........................................................................................