

MASTER'S PROJECT VALIDATION OF THE TOPIC

Once completed, to be returned by email to the internship office (internships.ic@epfl.ch).

NAME & SURNAME	MASTER <input type="checkbox"/> IN <input type="checkbox"/> SC <input type="checkbox"/> DS <input type="checkbox"/> Cyber
STARTING DATE	ENDING DATE
COMPANY / UNIVERSITY <i>(full address)</i>	
PROJECT'S TITLE	
DESCRIPTION OF THE PROJECT <i>(CYBER SECURITY STUDENTS MUST DO THEIR MASTER'S PROJECT IN THE FIELD OF CYBER SECURITY <u>ONLY</u>)</i>	
SIGNATURE <i>(student)</i>	

<input type="checkbox"/> TOPIC ACCEPTED <input type="checkbox"/> TOPIC REFUSED	COMMENTS
DATE	SIGNATURE <i>(Section's Director / Deputy Head)</i>

MASTER'S PROJECT REGISTRATION FORM

Once completed, to be returned to the internship office by email (internships.ic@epfl.ch)

NAME & SURNAME	MASTER <input type="checkbox"/> IN <input type="checkbox"/> SC <input type="checkbox"/> DS <input type="checkbox"/> Cyber
STARTING DATE	ENDING DATE
PROJECT'S TITLE	
<small>(CYBER SECURITY STUDENTS MUST DO THEIR MASTER'S PROJECT IN THE FIELD OF CYBER SECURITY <u>ONLY</u>)</small>	
COMPANY / UNIVERSITY	
COMPANY/ UNIVERSITY SUPERVISOR <i>(name and email)</i>	
EPFL SUPERVISOR <i>(email)</i>	LABORATORY
SALARY	
CONFIDENTIALITY <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Only check the box "YES", if you and the IC professor have signed the EPFL master's project agreement or any other official document stating the confidentiality of the project. Please provide the internship office with a copy of this document.</small>	
OFFICIAL STAMP AND SIGNATURE	
Company / University supervisor	Date _____
EPFL supervisor	Date _____
Student	Date _____