

MASTER'S PROJECT VALIDATION OF THE TOPIC (Part 1)

Once completed, to be returned to the internship office: internships.ic@epfl.ch

NAME & SURNAME	MASTER IN SC DS Cyber
STARTING DATE	ENDING DATE
COMPANY / UNIVERSITY (full address)	
PROJECT'S TITLE	
DESCRIPTION OF THE PROJECT	
Your Master's project should include an innovative or research component and not focus solely on operational or implementation work. Please specify the research topic, propose a methodology and outline the expected deliverables, rather than just copying and pasting the job description.	
Note: Cyber security students must do their Master's project in the field of cyber security only.	
SIGNATURE (student)	
☐ TOPIC ACCEPTED ☐ TOPIC REFUSED	COMMENTS SIGNATURE
DATE	(Section's Director / Deputy Head)

 Computer Science and Communication Systems programs

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MASTER'S PROJECT REGISTRATION FORM (Part 2)

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NAME & SURNAME	MASTER IN SC DS Cyber	
STARTING DATE	ENDING DATE	
PROJECT'S TITLE Cyber security students must do their Master's project in the field of cyber security only.		
COMPANY / UNIVERSITY		
COMPANY / UNIVERSITY SUPERVISOR (name and email)		
EPFL SUPERVISOR (email)	LABORATORY	
SALARY		
CONFIDENTIALITY		
Check the "YES" box only if you and your EPFL academic supervisor have signed the EPFL Master's project agreement or another official document stating the confidentiality of the project. Please submit a copy of this document to the internship office.		
OFFICIAL STAMP AND SIGNATURE		
Company / University supervisor _	Date	
EPFL supervisor _	Date	
Student _	Date	