

MASTER'S PROJECT REGISTRATION FORM

To be submitted 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
PROJECT'S TITLE <i>Cyber security students are required to do their Master's project exclusively in the field of cyber security.</i>	
COMPANY / UNIVERSITY <small>(Full Mailing Address)</small>	
COMPANY / UNIVERSITY SUPERVISOR <small>(Name & Email)</small>	
EPFL SUPERVISOR <small>(email)</small>	LABORATORY
SALARY	
CONFIDENTIALITY <input type="checkbox"/> Yes <input type="checkbox"/> No <i>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.</i>	
OFFICIAL STAMP AND SIGNATURE Company / University supervisor _____ Date _____ EPFL supervisor _____ Date _____ Student _____ Date _____	