REGISTRATION FORM

Registration deadline: beginning of the 2nd semester of the Master's program (Friday of the second week of the semester)

STUDENT'S PERSONAL INFORMATION

Last name: ....

First name: ....

SCIPER: ....

Email : ....

Section: .... Current semester: ....

I register for the Minor in:

☐ Computational Biology

☐ Computer Science

☐ Cyber Security **[See note below]**

☐ Data Science

Important: To complete the Cyber Security minor, students must obtain at least 18 out of the required 30 ECTS from courses marked as "depth" in the Cyber Security minor study plan.

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This form must be completed and submitted to **jasmine.locatelli@epfl.ch** before Friday of the second week of the second semester of the Master's program.

After receiving approval from the minor advisor, please send a copy of the registration form to your home section and enroll for the minor in your IS-Academia portal.

Minor advisor: ....

Date: .... Student's Signature: ....

EPFL

LIST OF COURSES

(Only from the corresponding minor study plan)

Code	Title	Semester (e.g. MA1, MA2, etc.)	ETCS

List of courses approved by the minor advisor: ....

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

Please note that courses already taken as part of the bachelor's or master's degree cannot be counted a second time as part of the minor.

In case of further changes in your course selection, an updated form should be submitted to: jasmine.locatelli@epfl.ch.

Optional Project – 8 credits

If you choose to do an optional project as part of your minor (in Computer Science and Data Science only), and if the project is offered by a laboratory / supervisors accredited by the section, please register the project directly in IS-Academia.

List of laboratories / supervisors accredited by the section for Computer science, Data science :
https://go.epfl.ch/projects-lab-msc

If you have identified a project and the laboratory / supervising Professor is **not included in the lists above,** please provide the information below:

Project's title: ....

Abstract: (or link / attached file)
....
....
....
....
....
....

Date: ....

Name of the Laboratory: ....

Name of the Professor: ....

****

☐ Topic accepted

☐ Topic refused

Date: ....

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

If your project proposal is accepted by the section, you can proceed to register in IS-Academia.