

**MASTER'S PROJECT REGISTRATION FORM**

To be submitted to the Internship Office: [internships.ic@epfl.ch](mailto:internships.ic@epfl.ch)

**Student Information**

Name & Surname	
Master Program	<input type="checkbox"/> IN <input type="checkbox"/> SC <input type="checkbox"/> DS <input type="checkbox"/> CYBER <input type="checkbox"/> DH  <i>Note : Cyber security students are required to complete their master's project exclusively in the field of cyber security.</i>

**Project Information**

Project Title	
Starting Date (dd/mm/yyyy)	
Ending Date (dd/mm/yyyy)	
Project Objectives	
Research Questions to be Addressed	

**Company / University Information**

**EPFL Supervisor Information**

Name & Address of the Company / University		EPFL Supervisor	
Supervisor's Name		Laboratory	
Email Address			

**Other Information**

Salary (in CHF)	
Confidentiality	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Check "Yes" only if the EPFL Master's project agreement including confidentiality has been signed by all parties. Attach a copy.)</i>

**Official Stamps and Signatures**

	Signature	Date
Company / University Supervisor		
EPFL Supervisor		
Student		