## **Personal Information**

Name:	Student Nr:
MSc Program:	Manufacturing Systems Engineering (Graduate School)
1 <sup>st</sup> Assessor:	
2 <sup>nd</sup> Assessor	
Project Information	
Start Date Project:	
,	
When the project was co an internal project).	nducted in a company, please fill in the following information (fill in TU/e if the project is
Company:	
Company supervisor:	
Department:	
Address:	
Postal code/ City:	
Phone:	
Confirmation 1st and	
Research proposal is	judged 'sufficient' by 1 <sup>st</sup> and 2 <sup>nd</sup> assessor
Date:	Signature Assessor:
Date:	Signature 2 <sup>nd</sup> Assessor:
Confirmation Admini Remaining #ECTS ≤ 10 Approval for start Maste Remark that:	
Date:	Signature:

Submit the signed form to <a href="mailto:csa.ieis@tue.nl">csa.ieis@tue.nl</a> or hand in at Atlas 3.331