## Personal information

Name:

ID-number TU/e: Following curriculum of academic year:

MSc program: ❑ CSE -DSiE

Graduation supervisor: Expected graduation group:

Bachelor Program:

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**Instructions**

1. List the course code and title of courses that are part of your master degree. (Courses from another university should include a link to their course catalogue.)
2. Consider: Do you have a good motivation for the courses you picked? Did you discuss academic planning with your mentor or a representative of the group in which you plan to do the graduation project? No documentation of this step is required.
3. You and graduation supervisor or representative of expected graduation group sign & date form
4. You email PDF of form to the Student Administration at CSA.MCS@tue.nl

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**Graduation Project**

|  |  |  |
| --- | --- | --- |
| Course code | **Course title** | **ects** |
| 2IMC00/ 2MMR30 | Graduation Project | 30 |
|  | **Subtotal ects** | 30 |

Expected start date:

## Mandatory courses and seminar

|  |  |  |
| --- | --- | --- |
| Course code | **Course title** | **ects** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Subtotal ects** | 35 |

## 

**Stream elective courses (at least 20 ects)**

|  |  |  |
| --- | --- | --- |
| Course code | **Course title** | **ects** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Subtotal ects** |  |

**Free elective courses**

|  |  |  |
| --- | --- | --- |
| Course code | **Course title** | **ects** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Subtotal ects** |  |

**Homologation courses**

|  |  |  |
| --- | --- | --- |
| Course code | **Course title** | **ects** |
|  |  |  |
|  |  |  |
|  | **Subtotal ects** |  |

**Internship\***

|  |  |  |
| --- | --- | --- |
| Course code | **Course title** | **ects** |
| 2IMC10/  2MMR20 | Internship (15 ECTS) |  |
|  | **Subtotal ects** |  |

Internship supervisor (if known):

Title of report (if known):

\*internship is optional

|  |  |  |
| --- | --- | --- |
|  | **Total amount of credits (at least 120 credits)** |  |

## Signature Student : Date:

## Name of graduation supervisor or representative from (planned) graduation group:

## Signature: Date:

Changes to the previously approved program (if applicable):

**—————————————————————————————————————**

***This section to be filled in by the examination committee***

Approval Examinations Committee:

Date:

This form must be handed in to the Student Administration by e-mail in a PDF file (CSA.MCS@tue.nl).   
*In case of changes, please fill in a new form, sign it and note the changes.*