

**Student**

Name:

ID- number:

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**Research topic**      Name:

Description (e.g. list of subjects, literature used, end terms of the project):

**Method of Examination**

**Final Grade**

.....

**Course Code**

**Supervisor**      Name:

I declare that I am an authorized examiner for the IAM master program

Signature:

Date:

*This form must be mailed to [mcs.csa@tue.nl](mailto:mcs.csa@tue.nl) (Student Administration) after completion of the course.*