**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**

◻ written exam

◻ oral exam

◻ assignments

 ◻ other : ……………………………………

**Course code** first (2MMR40) / second (2MMR50) / third (2MMR60) research topic

## Supervisor Name:

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

 Signature: Date:

This form must be handed in at the Student Administration (MF 5.104a) after completion of the course.