Personal Information

Name:		
Student Number:		
Master Program:	MSc Innovation Management MSc Operations Management & Logistics MSc Manufacturing Systems Engineering OM	
Name of the Mentor / First Assessor:		
Start date graduation project:		
Extending until:		
Motivation:		
Signature Mentor / First Assessor:	Date:	
Signature Second Assessor	Date:	
Signature Student	Date:	
To be completed by the Examinations Committee Approval of extention: Explanation:		
On behalf of the Examinations Co	ommittee	Date

Submit the signed document by uploading the document at **EC IE request sharepoint**