

Personal Information

Name:

Student Nr:

MSc Program: Innovation Sciences (IS)

1st Assessor:2nd Assessor:3rd Assessor:
(if already known)Third supervisor :
(for example from a company)Internship Trajectory
Assessor:
(if applicable)

Group:

Project Information

Start Date Project:

Expected End Date Project:

When the project was conducted in a company, please fill in the following information (fill in TU/e if the project is an internal project).

Company / Organization:

Department:

Address:

Postal code/ City:

Phone:

Give a short description of the project:

Notice: The student has to hand over the MSc thesis proposal to the Examinations Committee for approval, within one month after the start of the MSc Thesis Project!

Confirmation First Assessor

Date:

Signature: _____

Confirmation Administration

(to be completed by the Education Administration and Examinations Committee)

Remaining #ECTS \leq 10:

Approval for start Master Thesis project:

Explanation

Date:

Signature: _____

Submit the signed form to ieis.csa@tue.nl at least ten working days before the actual start date.

This is the end of this form.

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