

## **GRADUATE SCHOOL • EINDHOVEN UNIVERSITY OF TECHNOLOGY**START MASTER THESIS PROJECT - OML

## **DEPARTMENT OF INDUSTRIAL ENGINEERING & INNOVATION SCIENCES**

## **Personal Information**

Name:	Student Nr:		
MSc Program:	Operations Management & Logistics (Graduate School)		
Track	Operations Management & Logistics		
	Services	Transport and Mobility	
	Supply Chains	Special / Free Track	
	Manufacturing and Maintenance		
1 <sup>st</sup> Assessor:			
2 <sup>nd</sup> Assessor:			
Project Informatio Start Date Project:	n		
When the project was co	nducted in a company, please fill in the following info	ormation (fill in TU/e if you did an internal project).	
Company:			
Company supervisor:			
Department:			
Address:			
Postal code/ City:			
Phone:			
Give a short descrip	tion of the project:		

## Please indicate which of the following topics apply to your project more than one answer possible

Healthcare Logistics

MultiModal

**Data Driven Logistics** 

**Event Logistics** 

**Smart Industry** 

Liveable City

None of the above

With this information we can assess whether your project may be part of the logistics community Brabant (www.lcb.nu)

Confirmation 1st and 2st A	ssessor	
Research proposal is judged	d 'sufficient' by 1 <sup>st</sup> and 2 <sup>nd</sup> assessor	
Date:	Signature 1 <sup>st</sup> Asssesor:	
Date:	Signature 2 <sup>nd</sup> Supervisor:	
Confirmation Administrat Remaining #ECTS ≤ 10 Approval for start Master The Remark that:		

Signature:

This form must be completed and e-mailed to <a href="mailedto">ieis.csa@tue.nl</a> before the deadline.

Date: