

**MASTER THESIS APPLICATION FORM**  
**Demande d'agrément de mémoire**

**Student contact information**

Last name: ..... First name: .....  
Address: .....  
.....  
Telephone: ..... Email: .....  
Student No: .....

**Supervisor contact information**

Last name: ..... First name: .....

**RESEARCH THESIS**

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Preferred research topic: .....  
.....

**INTERNSHIP THESIS**

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**Company contact information**

Company name: ..... Tutor: .....  
Address: .....  
Telephone: ..... Email/Website: .....

Internship topic: .....  
.....

Will be carried out in the following department: .....  
Dates: from ..... To: .....

By his/her signature, the student confirms that she/he truly intends to write a thesis with the above-mentioned supervisor.

Student signature: ..... Date: .....

**SUPERVISOR APPROVAL**

Signature: ..... Date: .....