

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

*The student cannot start before acquiring 30 ECTS (see Regulations)*

**Student Contact Information:**

Last Name: ..... First Name: .....

Address: .....  
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Telephone: ..... Email: .....

Student No: .....

Supervisor .....

In case this supervisor is not able to supervise the topic, please name another area of research and a potential other supervisor:

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**RESEARCH THESIS**

Preferred Research Topic:

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

**FACULTY APPROVAL**

Supervising professor: .....

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

Director MScGeM programme: .....

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