

UNIVERSITEIT TWENTE.

Chair: _____

Final project: internal / external *

Name 1st supervisor: _____

Undersigned:

Family name (please print)

: _____

First name(s)

: _____

Birth date and place

: _____

Address

: _____

Postal code and residence

: _____

Telephone number (private)

: _____

Telephone number during office hours

: _____

1st year of enrolment in the programme

: _____ Student number _____

student of the programme _____ at the faculty of Electrical Engineering, Mathematics and Computer Science, herewith registers for the master's examination meeting

Following parts **(including the (presentation for the) final project)** still have to be finished:

Course code/name

planned:

Course code/name

planned:

Undersigned has verified if his tuition fee has been paid: YES / NO *

Enschede, _____

(signature) _____

Possible change of address on:

: _____ (date)

ADDRESS

: _____

POSTAL CODE AND RESIDENCE

: _____

TELEPHONE

: _____