# Colloquium Form

**Degree Programme: Interaction Technology Academic Year:**

## Student Information

|  |  |
| --- | --- |
| Student number |  |
| Last name |  |
| First Name |  |
| Date of birth |  |
| Nationality |  |

## Correspondence address

|  |  |
| --- | --- |
| Place of residence |  |
| Phone number |  |
| Email address |  |

## Graduation Committee

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Function** | **Name** | **Affiliation**  | **Department**  | **Credit distribution[[1]](#footnote-1)** |
| Chairperson |  | UT |  |  |
| Daily supervisor |  | UT |  |  |
| External supervisor |  |  |  |  |
| Additional member 1 |  |  |  |  |
| Additional member 2 |  |  |  |  |
| Additional member 3 |  |  |  |  |
| Additional member 4 |  |  |  |  |

## Master Thesis Description

|  |  |
| --- | --- |
| **Title** |  |
| **Description** |  |

## Final Presentation

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Time** |  |
| **Number of Attendants expected** |  | **Location (if already known)** |  |
| **Title of the presentation** |  |

## Course Programme approved

|  |  |
| --- | --- |
| **Course form is approved** | Yes/no |

## Courses still to be completed (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Course** | **Quartile** | **Number of weeks of full-time study** |
|  |  |  |  |
|  |  |  |  |

## Signatures

|  |  |
| --- | --- |
| **Student** | **Committee chairperson** |
|  |  |
| Date: | Date: |
|  |  |

***By this signature the committee chair grants the student the right to give a presentation about their master’s thesis project and to receive a grade for the final project after this presentation (green light declaration).***

1. In case of equal supervision, credits are equally divided to the supervising parties. In case of assessment, the credits are assigned to the main supervisor. [↑](#footnote-ref-1)