Università della Svizzera italiana Faculty of Informatics

## **Registration Form Master Thesis**

Enrolment number  Master  Thesis Title  Supervisor  Signature  Co-supervisor  Signature  Expected Defence (Winter/Summer/Fall XX)	Surname and name
Thesis Title  Supervisor  Signature  Co-supervisor  Signature  Expected Defence	Enrolment number
Supervisor Signature  Co-supervisor Signature  Expected Defence	Master
Signature  Co-supervisor  Signature  Expected Defence	Thesis Title
Signature  Co-supervisor  Signature  Expected Defence	
Co-supervisor Signature  Expected Defence	Supervisor
Signature  Expected Defence	Signature
Expected Defence	Co-supervisor
	Signature
	Expected Defence
	(Winter/Summer/Fall XX)
Date	Date

