



## Master Thesis Contract – Architecture and Design

For students filling out this form:

1. Before starting the work on your Master Thesis, please fill out and hand in this form as described in the following steps.
2. Fill out one form per group. For the master thesis, a maximum of three group members is allowed.
3. Fill in the blank spaces in the section on "Project Information" on the form below.
4. Upload the contract to Moodle - follow the instructions from your study secretary - no later than **1 December**
5. The semester coordinator will process the contract, allocate the project supervisors and send the contracts to the supervisors for a quality check.
6. The semester coordinator forwards the contracts to the Head of Studies for final approval no later than **1 February**

The thesis concludes the master's study programme. As a rule, all students write a thesis worth 30 ECTS credits.

### Project Information (filled out by students)

#### Information on group members

|               |  |             |  |
|---------------|--|-------------|--|
| Full Name     |  | Student no. |  |
| Email address |  |             |  |
| Full Name     |  | Student no. |  |
| Email address |  |             |  |
| Full Name     |  | Student no. |  |
| Email address |  |             |  |

#### Information on programme/specialisation (check only one options)

Architecture: \_\_\_\_\_

Industrial Design: \_\_\_\_\_

Urban Architecture \_\_\_\_\_

Mobilities & Urban Studies \_\_\_\_\_

#### Project title (working title)

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#### Project Description

|   |  |
|---|--|
| Please see Moodle for further introduction to fill out the "project description". |  |
|---|--|



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**Information on external partners if any**

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### Prioritised list of project supervisors (1-3)

|             |  |
|-------------|--|
| 1. priority |  |
| 2. priority |  |
| 3. priority |  |

Date:

Student signature: \_\_\_\_\_

Date:

Student signature: \_\_\_\_\_

Date:

Student signature: \_\_\_\_\_

### Project Supervisor *(filled out by the project supervisor)*

|               |  |
|---------------|--|
| Full Name     |  |
| Email address |  |

Date:

Supervisor's signature: \_\_\_\_\_

### Final approval by the Head of Studies

Date:

Signature: \_\_\_\_\_



**Practical information** *(filled out by the study administration)*

| Start date: | Deadline: | ECTS Credits: |
|-------------|-----------|---------------|
|             |           |               |