**MASTER’S THESIS PROPOSAL**

**MASTER’S DEGREE IN:**

**ACADEMIC YEAR:**

**STUDENT DETAILS**

**NAME**

**DNI: Tel.: e-mail:**

**Date and student’s signature**

**Title of the preliminary project (aims and work plan on a separate sheet)**

**DETAILS OF THE TUTOR(S) AT THE UV**

**NAME:**

**DEPARTMENT:**

**EXTERNAL TUTOR**

**NAME:**

**D.N.I.: Tel.: e-mail:**

**EXTERNAL ENTITY (and location, if appropriate):**

In case of more tutors, add rows as needed.

I accept tutoring this master’s thesis (TFM) over the course of one academic year.

**Tutor’s signature External tutor’s signature**

Burjassot, on \_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_

|  |  |
| --- | --- |
| TFM prepared in an external entity |  |
| TFM prepared on a mobility programme |  |
| Proposal for modifying the TFM |  |

Please fill in the appropriate fields overleaf

**TO BE FILLED IN BY THE MASTER’S DEGREE ACADEMIC COORDINATING COMMITTEE**

**Nº ref.: \_\_\_\_\_\_** Approved on: \_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_

Approved by the Committee

**BRIEF INFORMATION ON PROJECT PLANNING**

Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of preliminary project**

**Keywords**

**Description of aims and specifications**

**Timeline, work plan, deliverables**

**Prerequisites, author’s profile**

**Remarks**

**Approved by the coordinator**