



L-Università
ta' Malta

Faculty of ICT

M.Sc. in Artificial Intelligence

ICS5200 – Dissertation (Full-Time /

Part-Time)

Supervision Declaration Form

(To be completed ONLY upon acceptance of supervision by supervisor)

Academic year:

Student name:

ID card #:

E-Mail:

Project title:

Supervisor name (and co-supervisor, if applicable – write supervisor name first):

NOTE: This form must reach the Department's Secretary, Department of Artificial Intelligence (Level 1; Block A; Room 4, ICT Building by **Friday 16th February 2018**).

By signing this form, the above-mentioned supervisor/s affirms his/her/their intention to supervise the above mentioned student. The student confirms that in the case of acceptance by the Board of Studies, his/her decision to be supervised by the indicated supervisor is final.

Signed:

Supervisor

Student

Co-supervisor (if applicable)

Date

Date

Date (if applicable)

