

## M.Sc. in Artificial Intelligence ARI5906 - Placement Supervision Declaration Form

## Academic year: / Student name: ID card #: E-Mail: Placement title: Supervisor name (and co-supervisor, if applicable – write supervisor name first):

**NOTE:** This form must reach the Department's Administrator via email on <a href="mailto:elton.mamo@um.edu.mt">elton.mamo@um.edu.mt</a>.

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	Mentor	
 Date	 Date	 Date	

## Placement Proposal (Word Limit – 500 words):
