



STUDENT

Last name (Ms./Mr.):		First name:
Email:	@etu.unige.ch	Registration No.:
Date:		
Student's signature:		

PROGRAM COORDINATOR

As the Application Directives of the Master states, student has the credits required to fill this form (48 ECTS). The Program Coordinator certifies that the student has the credits:

- ☐ Yes
☐ No

Date:
Program Coordinator signature:

CONCENTRATION

- ☐ Finance
☐ Law

MASTER THESIS SUBJECT

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AGREEMENT SUPERVISOR

Last name (Ms./Mr.):		First name:
Date:		
Signature:		

ADDITIONAL COMMENTS AND/OR INFORMATION (IF ANY)

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SHORT DESCRIPTION OF THE MASTER THESIS (Maximum one A4 page)

Please send the completed document to the GSEM Student Services, Uni Mail, 3rd floor, Office 3287A, or by email to gsem-wealth-management@unige.ch.