



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:
Program Coordinator signature:

CONCENTRATION
<input type="checkbox"/> Finance
<input type="checkbox"/> Law

MASTER THESIS SUBJECT

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

ADDITIONAL COMMENTS AND/OR INFORMATION (IF ANY)

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

Please send the completed document to the GSEM Student Services, Uni Mail, 3<sup>rd</sup> floor, Office 3287A, or by email to [gsem-wealth-management@unige.ch](mailto:gsem-wealth-management@unige.ch).