UNI FR
SCIENCE AND MEDICINE

DEPARTMENT OF PHYSICS
PROJECT PRESENTATION SPH.04010

Student

Name: First name:

SIUS-nr:

Supervisor(s)

UniFr, name, first name:

If applicable, external supervisor, name, first name:
University:

Presentation

Date:

Title:

Evaluation (1 ECTS)

The student meets the necessary conditions.

Date: …….. Signature of the supervisor(s): ……..

……..

Once completed and signed, to be transmitted to Anne Fessler, office 1.54. Thanks!