

This document must be submitted by the supervisor to the Secretary of the Faculty within the prescribed period, for its referral to the guarantee of the quality of the Master's Committee

ANNEX I

PROPOSAL FINAL MASTER PROJECT

ACADEMIC YEAR:

DEPARTMENT RESPONSIBLE:

TITLE FMP:

	Name and Last Name	Center and category	Doctor (yes/no)	Email	Phone
Supervisor					
Supervisor					
Overseer					

Place the realization del FMP:

Faculty of Sciences:

Another:

Short description of the objectives and the work Plan to be developed by the student:

(Comment tasks to perform, techniques to be used, etc. **Maximum 250 words**). In addition, in accordance with as set out in the directives of their Master, if this is the case:

- Justify the need for a second Supervisor
- If extraordinary the TFM is affected by a confidentiality agreement, justifies the reasons and provide the required documentation

Zaragoza,

201

(The proposal must be signed by the supervisors and the overseer, in his case, along with V ° B ° of the Department responsible)

Signed:

Supervisor

Signed:

Supervisor

Signed:

Overseer

V°B°

Signed:

Head of the Department of