**Fitxa control TFM/ / Must complete the form FMTW
CURS 20\_\_ /20\_\_\_** OMPLIU AMB LLETRES MAJÚSCULES – FILL IN CAPITAL LETTERS

|  |  |
| --- | --- |
| **Nom alumne/****Name student** |  |
| **MAIL alumne /student** |  |
| **Telèfon /alumnePhone number/student** |  |
| **Títol orientatiu del TFM/****Indicative title of FMTW** |  |
| **DADES LABORATORI O GRUP DE RECERCA / NAME OF THE LAB OR RESEARCH GROUP** |
| **Director****Nom / Name****Mail Telefon**  |  |
| **Nom Laboratori o grup de recerca/ Laboratory name or Research**  |  |
| **Adreça / Address** |  |

Data / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatura Alumne **Signature Director**

Student’s signature Director’s signature