## MTIM Master Thesis Presentation/Defense

*This document must be filled in and sent at* parousiasi\_ergasias@pem.tuc.gr*, at least three working days before the Master Thesis presentation.*

Name & Surname: ……………………………………………

Reg. Number: …………………………………………………

### Subject

Title: ……………..………………………………………

### Examination Committee:

Supervisor: …………………………………………

First Member: ………………………………………

Second Member: …………………….………….……

### Abstract:

Abstract of the Thesis: ………………………………………

### Examination Date:

Day/Month/Year: ………………………………………

Time: ………………………………………

### Examination Venue:

Auditorium/ Lecture Room: ………………………………………

Building: …………………………..………………………………