

# EES Masters Program – Course List & IRT

**Student Name:** \_\_\_\_\_

**Semester & Year:** \_\_\_\_\_

Course Title	Instructor/s	Course Dates	ECTS	Instructor Approval?

IRT #	Lab	Dates of research	Approval of Professor?

\_\_\_\_\_  
Name of Mentor

\_\_\_\_\_  
Signature of Mentor

\_\_\_\_\_  
Date

**Please return this form to EES Coordinator by the end of the first week of the semester!**