



FIB

Facultat d'Informàtica
de Barcelona

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FINAL MASTER THESIS IN MOBILITY OPTION (C or D)

STUDENT (NAME and SURNAME):

MASTER :

RESPONSIBLE OF SPECIALIZATION, IF ANY:

TFM TITLE (..... ECTS):

.....,

TFM SHORT DESCRIPTION:

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HOST UNIVERSITY/ENTERPRISE:

.....

ABROAD DIRECTOR (NAME and SURNAME):

.....

SIGNATURES,

RESPONSIBLE OF MASTER/ESPECIALIZATION, STUDENT,

.....

BARCELONA,/...../20.....