
# Master in COMPUTING

# Master’s Thesis Advisor/s Presentation Authorization

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| Student’s DNI/Passport:  |  |
| Student’s Name and Surname: |  |
| Master’s Thesis Title:  |  |
| M.Sc. Th. Advisor/s or Dr./Drs. on behalf of the Advisor/s: |  |

The above advisor/s or Dr./Drs on behalf of the advisor/s

**CERTIFIES**

That the above mentioned student has done the work regarding the Master’s Thesis under her/his/their supervision and it is finished. Hereby, he/she/they authorizes/authorize her/him to present the above mentioned Master’s Thesis.

Signature:

 Advisor/s or Dr./Drs. on behalf of the Advisor/s

Location and Date: Barcelona,

**To the Academic Commission of the Master in COMPUTING**