UNIVERSITY OF MALTA

FACULTY OF INFORMATION & COMMUNICATION TECHNOLOGY

Department of _____

Master of Science / Master of Science in ICT - Progress Report

REPORT PERIOD		
Student's name & surname		
I.D. Card number		
Course		
Mode of attendance	Full-time	Part-time
Commencement Date		
Expected completion Date		

Dissertation Title	

*Change of Title requires permission of Faculty Board

Brief description of work done (including problems encountered):		
Brief description of research work planned for the next semester:		
Name & signature of Supervisor	Name & signature of Co-Supervisor	

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Board of Studies' recommendation		
Name & signature of Board of Studies'	Date	
Chairperson		