



INFORMATION FORM
FOR EUROPEAN OR AMERICAN STUDENTS
PREPARING THEIR GRADUATION THESIS AT THE VKI

Family name :

First name :

Home address :

.....

Telephone number :

E-mail address :

University/School :

Requested period of residence at the VKI: from to

Subject of the thesis to be carried out at VKI (if available) :

.....

.....

Expected date of submission of your thesis to your home University :

Name, Department and e-mail address of Supervisor at the University :

.....

.....

Name Supervisor at VKI (if available) :

VKI Department in which the research is to be carried out :

- ☐ Aeronautics/Aerospace
- ☐ Environmental and Applied Fluid Dynamics
- ☐ Turbomachinery and Propulsion

Name of diploma expected at the University :

When do you expect to receive the diploma? :

I understand that the von Karman Institute reserves the right to publish the results obtained, with acknowledgement to the author and to his or her supervisor, in the Institute's technical notes or other publications.

Prior to my thesis defense, I will give two printed copies of my thesis, in their final form, to the VKI library.

.....

Date

.....

Signature of Student