



**TECHNOLOGICAL EDUCATION INSTITUTE OF CRETE**  
**DEPARTMENT OF APPLIED INFORMATICS & MULTIMEDIA**

**THESIS PROPOSAL FORM** Please submit this form by 31<sup>st</sup> May 2013 for initial screening and review

<i>SURNAME</i>	<i>NAME</i>	<i>STUDENT NO.</i>
<i>PROGRAM OF STUDIES</i> <b>INFORMATICS AND MULTIMEDIA</b>	<i>ACADEMIC UNIT / DEPARTMENT</i> <b>APPLIED INFORMATICS AND MULTIMEDIA</b>	

<i>PROPOSED THESIS TITLE</i>	
<i>FULL NAME OF THESIS SUPERVISOR</i>	
<i>FULL NAME AND AFFILIATION OF THESIS EXAMINER A</i> <i>(if available)</i>	<i>FULL NAME AND AFFILIATION OF THESIS EXAMINER B</i> <i>(if available)</i>
<i>PROPOSED THESIS EXTENDED ABSTRACT (to be continued on page 2)</i>	

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*SIGNATURE (STUDENT)*

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*SIGNATURE (THESIS SUPERVISOR)*

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*DATE*

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*SIGNATURE (ACADEMIC UNIT)*