# Title

SUBMITTED IN PARTIAL FULLFILLMENT FOR THE DEGREE OF MASTER OF SCIENCE

Student Name

ID

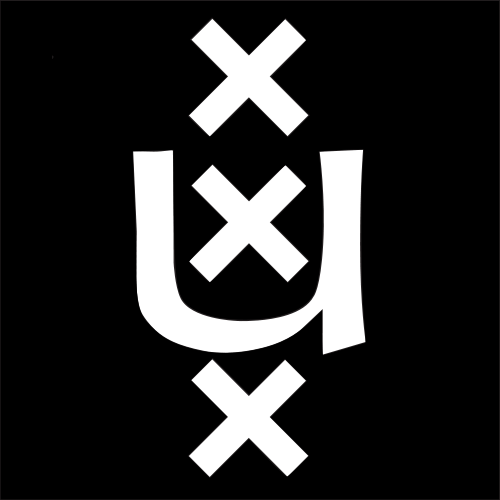
MASTER INFORMATION STUDIES

HUMAN-CENTERED MULTIMEDIA

FACULTY OF SCIENCE

UNIVERSITY OF AMSTERDAM

Date of defence



*1st Supervisor 2nd Supervisor*

*Title and Full Name Title and Full name*

*Department, Institution Department, Institution*