# Title

Subtitle

SUBMITTED IN PARTIAL FULLFILLMENT FOR THE DEGREE OF MASTER OF SCIENCE

Student Name

ID

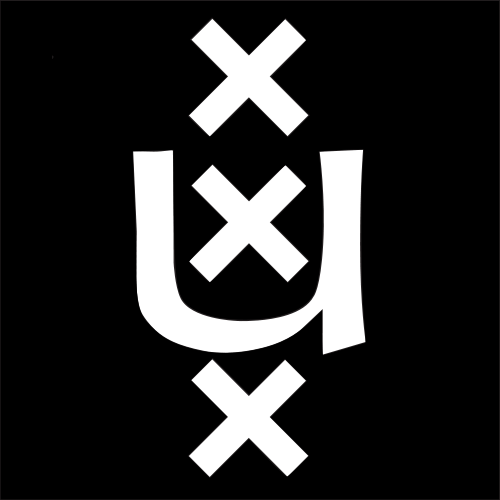
MASTER INFORMATION STUDIES

Information Systems

FACULTY OF SCIENCE

UNIVERSITY OF AMSTERDAM

Submitted on DD.MM.YYYY



*UvA Supervisor External Supervisor or Examiner*

*Title and Full Name Title and Full Name*

*Department, Institution Department, Institution*