**Registration Form – Master Thesis Award 2023 EULEN**

Before completing the form below, please assess whether you meet all the criteria as set out in the regulations. In case you have any questions, you can contact us at EULEN@uu.nl.

 **Author of the thesis**

|  |  |
| --- | --- |
| Name and surname | Click here to enter text. |
| Address/postal code/city | Click here to enter text. |
| Phone number | Click here to enter text. |
| E-mail address | Click here to enter text. |

**University Masters’s programme and thesis details**

|  |  |
| --- | --- |
| University | Click here to enter text. |
| Master’s programme | Click here to enter text. |
| Date of graduation (if known) | Click here to enter text. |
| Title of the thesis | Click here to enter text. |
| Grade | Click here to enter text. |
| ECTs  | Click here to enter text. |

**Contact details of the thesis supervisor**

|  |  |
| --- | --- |
| Name of the thesis supervisor | Click here to enter text. |
| Phone number of the thesis supervisor | Click here to enter text. |
| E-mail address of the thesis supervisor | Click here to enter text. |

**Appendices**

|  |  |  |  |
| --- | --- | --- | --- |
| Appendix 1 |

|  |  |
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| Master’s thesis, including a statement from the supervisor indicating the date of completion and assessment. |  |

 |[ ]
| Appendix 2 | A recommendation from the thesis supervisor |[ ]

**Confirmation**

|  |  |
| --- | --- |
| I declare that I am aware of and (will) meet the criteria of the EULEN Master Thesis Award as stated in the regulations. I declare that I have completed this form truthfully. | [ ]  |

**Name Entrant Name Supervisor**

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**Date: Date:**

**Signature Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**