**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.](mailto: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 | |  |  | | --- | --- | | 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**

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