## If you have not yet entered the graduation phase, then this form is not applicable to you

## 1. Requesting an individual Master's degree certificate via the internet

Requesting this form via the internet saves you the trouble of having to collect a copy from the Student Desk.

#### 2. Checking your selected subjects

First check that all of your subjects have been correctly registered. This application form will only be processed if you have passed all of the compulsory subjects and your thesis has been approved.

#### 3. Filling out Master's Degree Certificate Application Form

On the Application Form, enter the following:

- Tilburg University registration number, date of birth, name, address, telephone number, etc.
- o the title of the graduation report
- o the completion of studies date (this is the date on which you are scheduled to complete the final activity in your course of study).
- the names of the members of the Examining Board (always consisting of at least two individuals employed by Tilburg University!)

## 4. Handing in the Master's Degree Certificate Application Form

You are required to hand in this form at the Student Desk in A301, in person, no later than three working weeks (15 working days) before the date of the defense.

You can still defend your thesis even if you hand in the form <u>late</u>. In that case, however, you will not receive the diploma and transcript until a later date (i.e. <u>not</u> on the day of graduation).

#### 5. Reserving a room for the defense

When you hand in the form at the Student Desk, a member of staff will ask you about the venue for your defense, before reserving a room for this purpose. This member of staff will take your preferences into account, wherever possible. The sooner you hand in the form, the better the chances that your preferred room will still be available.

### 6. Confirmation

If you meet all the requirements for graduation, and you have handed in this form on time, then you will receive an email containing a graduation timetable, as confirmation, at least 1 week before the date of graduation.

#### Please note!

Your registration for the program from which you are graduating is not cancelled automatically. You have to do this yourself, via <a href="Studielink">Studielink</a>. If you are not (or no longer) registered for any programs, then you will also forfeit your entitlement to student grants and loans and/or your student travel pass.

If you wish to remain enrolled you obviously owe tuition fees.

Full details on how to cancel your registration can be found at the website <u>Canceling your registration</u> (http://www.tilburguniversity.edu/students/administration/registration/deregister/)

# MASTER'S DEGREE CERTIFICATE APPLICATION FORM

This form (completed and signed) must be handed in via diploma@tilburguniversity.edu. No later than three working weeks before the graduation date. In addition, a graduation room will be reserved for you at the Student Desk if you fill out the Contact Form Student Desk with the subject 'room reservation graduation master'. Provided you have fulfilled all other graduation requirements, you will receive confirmation of your defense and graduation date by e-mail.

defense and graduation date by e-mail.

If you fail to meet this deadline then it will not be possible to issue a degree certificate on the planned graduation date.

| To be completed by the stu                                                                                            | dent                                                   |                                    |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------|
| Student number                                                                                                        | (7 digits)                                             | )                                  |
| Date of birth                                                                                                         |                                                        |                                    |
| Surname and initials                                                                                                  |                                                        |                                    |
| Address                                                                                                               |                                                        |                                    |
| Post code and town/city                                                                                               |                                                        |                                    |
| Personal email address                                                                                                |                                                        | Tel.no.:                           |
| Program                                                                                                               |                                                        | Master's                           |
| Specialization or Track                                                                                               |                                                        |                                    |
| Title of thesis (Please write CLEARLY including capitals and punctuation; the title will appear on your transcript!!) |                                                        |                                    |
| To be completed by the Stu                                                                                            | ıdent Desk                                             |                                    |
| Registration checked:                                                                                                 | to                                                     |                                    |
| Received by:                                                                                                          | dd                                                     |                                    |
| Room:                                                                                                                 |                                                        |                                    |
| To be completed by the the                                                                                            | esis supervisor, in consultation with the              | student                            |
| (the section below must be filled out                                                                                 | t before you hand in this form!)                       |                                    |
| Graduation date:                                                                                                      | fromfrom                                               | to(hours)                          |
|                                                                                                                       | oard (consisting of at least two individuals employe   | ed by Tilburg University):         |
| 1                                                                                                                     | (thesis supervisor)                                    |                                    |
| 2                                                                                                                     | (2 <sup>r</sup>                                        | <sup>nd</sup> reader)              |
| 3                                                                                                                     | by the university, give details of their email address | d reader, if applicable)<br>below) |
|                                                                                                                       | On behalf of the Examining I                           | Board:                             |

Surname and signature (by signing this document, the Examining Board confers its approval on the student's graduation report)