

School of Social and Behavioral Sciences

Name \_\_\_\_\_

SNR \_\_\_\_\_

ANR \_\_\_\_\_

Address \_\_\_\_\_

Postal code \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

## APPLICATION FOR AN EXEMPTION

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_ - \_\_\_\_\_ - 20\_\_

Study Program: \_\_\_\_\_

Study started (year) \_\_\_\_\_

To be completed for each course separately  
 \* Cross out which is not appropriate

Bachelor course / Master course / Compulsory course / Elective course\*

Name of course: \_\_\_\_\_

Course code: \_\_\_\_\_ ECTS/credits: \_\_\_\_\_

Name lecturer: \_\_\_\_\_

Email the completed form to:  
**TSB-EBoffice@tilburguniversity.edu**

(Including supporting documents  
 e.g. diplomas, transcripts of  
 records and a copy of the  
 relevant course descriptions  
 taken from the official  
 Study Guide).

Exemption is requested for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advice Lecturer: \_\_\_\_\_

**Exemption approved / not approved\***

*\* If not approved, please state your reasons in writing separately.*

Number of Ects/credits: \_\_\_\_\_

Name Lecturer: \_\_\_\_\_ Signature: \_\_\_\_\_

**Approval Examination Board:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Chair Examination Board