

Name \_\_\_\_\_

SNR \_\_\_\_\_

ANR \_\_\_\_\_

Address \_\_\_\_\_

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

City \_\_\_\_\_

Country \_\_\_\_\_

## STUDY ABROAD - COURSE APPROVAL FORM

Email this application to:  
TSB-EBoffice@tilburguniversity.edu

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

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

Study program: \_\_\_\_\_

Starting year: \_\_\_\_\_

Level of study while abroad:  Bachelor  Master

Partner University: \_\_\_\_\_

**Do not forget to include the course descriptions of each course (incl. course level and amount of credits). You also need to make sure that the courses do not overlap with your (mandatory) program at TSB. Please note: You may apply for approval for a maximum of 40 ECTS of courses.**

Course name + code + level:	Credits abroad	ECTS (TiU)	Request course to be approved as:
1			<input type="checkbox"/> Minor course <input type="checkbox"/> Elective <input type="checkbox"/> Extra course (on top)
2			<input type="checkbox"/> Minor course <input type="checkbox"/> Elective <input type="checkbox"/> Extra course (on top)
3			<input type="checkbox"/> Minor course <input type="checkbox"/> Elective <input type="checkbox"/> Extra course (on top)
4			<input type="checkbox"/> Minor course <input type="checkbox"/> Elective <input type="checkbox"/> Extra course (on top)
5			<input type="checkbox"/> Minor course <input type="checkbox"/> Elective <input type="checkbox"/> Extra course (on top)
6			<input type="checkbox"/> Minor course <input type="checkbox"/> Elective <input type="checkbox"/> Extra course (on top)

In accordance with Article 7.59a of the Higher Education and Scientific Research Act, you have the right to appeal against this decision to the Examination Appeals Board (CBE) within six weeks of the date of this letter. For more information about the procedure, please go to <https://www.tilburguniversity.edu/students/studying/regulations/complaint-appeal/eab>.

**To be filled in by the Examination Board Psychology / Social Sciences of TSB**

Courses approved 1 / 2 / 3 / 4 / 5 / 6

Courses not approved 1 / 2 / 3 / 4 / 5 / 6

**Notes:** \_\_\_\_\_

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

On behalf of the Examination Board of TSB