

Name _____

SNR _____

ANR _____

Address _____

Postal code _____

City _____

Country _____

STUDY ABROAD - SUBSTITUTE COURSE(S) ABROAD

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: _____

Request to replace a **mandatory course or compulsory elective course** from my Tilburg University curriculum with a course at the Partner University.

Do not forget to include the course descriptions of each course (incl. course level and amount of credits)

Tilburg University		Partner University	
Course name & code:	ECTS	Course name + code + level:	ECTS
1			
2			

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