

REQUEST FORM MASTER'S GRADUATION ASTRONOMY

STUDENT DETAILS

Student name	
Student number	
Specialisation	
Email address	

GRADUATION DATE

I wish to have my graduation ceremony on (dd-mm-yyyy, [check the available dates](#)):

MEMBERS GRADUATION COMMITTEE

Your committee should consist of at least 2 members. The first committee member (chair) with examination authority has already been arranged. You only need to find a second member, preferably your daily supervisor (PhD, Postdoc). Ask your candidate member(s) to take part in your committee. After their explicit confirmation, list their details below. Please specify any (time) constraints.

Committee member	Email address	Constraints/Remarks
1. Ceremony chair	-	-
2.		
3.		
4.		

TO HAND IN

Approved final version of your master study plan, signed by Wouter Schrier and Ignas Snellen

Front page of your master's thesis and/or Business Science or Science Communication and Society Internship (for the latter, include full group name and organisation address).

GRADES STILL UNKNOWN

Course name	Expected grade date
1.	
2.	
3.	

REMARKS

SEND REQUEST

Please send the completed form to:

Student Affairs Officer (Master): master@strw.leidenuniv.nl

Study advisor: studyadvisor@strw.leidenuniv.nl