

Diploma application Bachelor BIT

Family Name:

Given names:

Student number:

Date of birth:

Place of birth:

Telephone number:

Address after graduation:

(Street) :

(Zip code) :

(Place of Residence):

E-mail address after graduation:

has completed all of his/her bachelor courses on _____(date last exam) and requests the Office Education Affairs (BOZ) to make a Bachelor diploma.

***Attention!** When you hand in the application all grades must have been processed in Osiris!*

FUTURE MASTER STUDY:

Master study (name):	
Master-track: (if applicable)	
Educational institution or Faculty:	

Date	
Signature student	