**Application form for Master’s exam and arrangements for colloquium Biomedical Engineering**

**Please submit this form to BOZ-TNW-BME (boz-bme@utwente.nl) at least 20 working days before planned colloquium.**

# Student

Name: Student number:

Telephone:       Street name & number:

MSc track:       City & Postal Code:

State & Country:

# Research group

Name: Faculty:

***(Names including titles and initials)***

Chairman MSc Assignment Committee:

Supervisor

Member other Research group:

External Advisor

# Colloquium of the MSc assignment

Title:

Title Thesis(if different than title colloquium) :

**Is the thesis report confidential\*: yes/no**

Date:

Time[[1]](#footnote-1):

Number of attendees:       (estimated)

Location:

# Requirements to apply for the master’s exam

Hereby, student and chairman of Msc Assignment Committee confirm that student meets all requirements to apply for the final MSc exam.

# Signature:

Student: Chairman MSc Assignment Committee[[2]](#footnote-2):

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

# Confirmation of exam requirements by the Board of Examiners of BME.

Signature:

---------------------------------------- Date:---------------------------------------------

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)