

CHANGE FORM

(use this form if you wish to make changes to information you have already submitted on Form I: application for admission to the Doctoral Programme)

APPLICATION FOR ADMISSION TO THE DOCTORAL PROGRAMME IN ACCORDANCE WITH ART. 8 AND 9 OF THE VU DOCTORATE REGULATIONS (Version 01-01-2015)



VU University Amsterdam

TO BE HANDED IN TO FACULTY CONTACT PERSON:

Part 1: to be completed by the candidate

The undersigned,

| | | |
|----------------------------|--|--|
| Surname, initials | | M / F |
| Address | | |
| Postcode, town/city | | |
| Personal tel. no. | | Work tel. no. <input style="width: 15%;" type="text"/> |
| Personal email address | | |
| Work email address | | |
| Place and country of birth | | Date of birth <input style="width: 15%;" type="text"/> |
| Status | | |

complies with the admission conditions of Article 8 of the VU Doctorate Regulations. He/she requests admission to the doctoral programme or, as the case may be, requests the appointment of a supervisor or supervisors and if appropriate a co-supervisor or co-supervisors. If this application is pursuant to Article 8 paragraph 2 of the VU Doctorate Regulations, then Procedural Regulation 4 applies and the documents stipulated therein must be enclosed.

Dissertation topic

Date Signature

Attachments:

- certified copy of your PhD or Master's certificate
- If the degree certificate is not from a Dutch university, a certified copy of the diploma supplement / transcript of academic record must be attached.
- If these documents are not in Dutch, English, French or German, they must be accompanied by a certified translation in one of these languages (see Procedural Regulation 3 of the VU Doctorate Regulations)
- a copy of the personal information page of your passport

* delete as appropriate

Part 2: to be completed by the supervisor(s)

The undersigned,

Surname, initials, title

Professor of

Surname, initials, title
2nd supervisor (where appropriate)

Professor of

Declare(s) his/her/their willingness to act as supervisor:

Signature(s)

| | |
|----|----------------------|
| 1. | <input type="text"/> |
| 2. | <input type="text"/> |

Date:

Part 3: to be completed by the chair of the doctorate board

The Doctorate Board of the Faculty of

confirms that the applicant complies with the admission conditions of Article 8 of the VU Doctorate Regulations and advises the College of Deans to appoint the following persons to the following positions**

| | |
|--------------------------------|----------------------|
| 1. supervisor | <input type="text"/> |
| 2. supervisor / co-supervisor* | <input type="text"/> |
| 3. supervisor / co-supervisor* | <input type="text"/> |
| 4. co-supervisor | <input type="text"/> |

and to give responsibility for the doctoral procedure to the Doctorate Board of the Faculty of

Date

Name of Dean or chair of Doctorate Board

Signature

If this application concerns a PhD ceremony as referred to in Article 34 or 35 of the VU Doctorate Regulations (double or joint PhD ceremony), a copy of the cooperation agreement should be attached

* delete as appropriate

** Article 10 paragraph 2, Article 10 paragraph 6, Article 12 paragraph 1 and Procedural Regulation 20 apply

Supervisor details

| | | |
|--------------------------|----------------------|------------------------------------|
| Surname, initials, title | <input type="text"/> | <input type="text" value="M / F"/> |
| Employed at | <input type="text"/> | |
| (Work) address | <input type="text"/> | |
| Postcode, town/city | <input type="text"/> | |
| Work tel. no. | <input type="text"/> | Email address <input type="text"/> |

Supervisor/co-supervisor details *

| | | |
|--------------------------|----------------------|------------------------------------|
| Surname, initials, title | <input type="text"/> | <input type="text" value="M / F"/> |
| Employed at | <input type="text"/> | |
| (Work) address | <input type="text"/> | |
| Postcode, town/city | <input type="text"/> | |
| Work tel. no. | <input type="text"/> | Email address <input type="text"/> |

Supervisor/co-supervisor details *

| | | |
|--------------------------|----------------------|------------------------------------|
| Surname, initials, title | <input type="text"/> | <input type="text" value="M / F"/> |
| Employed at | <input type="text"/> | |
| (Work) address | <input type="text"/> | |
| Postcode, town/city | <input type="text"/> | |
| Work tel. no. | <input type="text"/> | Email address <input type="text"/> |

Co-supervisor details

| | | |
|--------------------------|----------------------|------------------------------------|
| Surname, initials, title | <input type="text"/> | <input type="text" value="M / F"/> |
| Employed at | <input type="text"/> | |
| (Work) address | <input type="text"/> | |
| Postcode, town/city | <input type="text"/> | |
| Work tel. no. | <input type="text"/> | Email address <input type="text"/> |

* delete as appropriate