

APPROVAL FIELDWORK PROPOSAL RESEARCH MASTER AREA STUDIES (COVERPAGE)

Name student			
Signature student		Date	
Student ID-number			
	Leiden	Fieldwork	
Address			
Telephone			
E-mail address			
Name supervisor(s)			
Signature supervisor(s) for approval proposal			
Address			
Telephone			
E-mail address			

Fieldwork topic

Starting date fieldwork		Completion date fieldwork	
Total number of weeks of fieldwork		Fieldwork schedule (hours per day or week)	
Approximate total number of hours of fieldwork		Total of ECS to be obtained*	

* 1 EC = 28 hours of work

-----The part below is for administrative purposes only. Please, do not fill out.-----

<input type="checkbox"/> approved <input type="checkbox"/> please contact the Board of Examiners regarding this application			
Board of Examiners			
Date		Signature	

Student administration			
Ref : in	Date	Ref: uit	Date

You have the right to lodge an appeal against this decision. If you wish to do so, send a copy of this decision together with a letter explaining your reason(s) to appeal within four weeks after the 'date out' of this decision to the College van Beroep voor de examens, P.O. Box 9500, 2300 RA Leiden.