



REGISTRATION FORM BACHELOR RESEARCH PROJECT ASTRONOMY



STUDENT(S)

Student 1:

Student name _____
 Student number _____
 Study(s) _____
 Umail _____

Student 2:

Student name _____
 Student number _____
 Study(s) _____
 Umail _____

RESEARCH PROJECT

Starting date _____ Expecting End date _____
 ECTS _____ *(22 ECTS Astronomy, 24 ECTS double programme)*
 Supervisor(s) _____
 Brief description
 Research project

APPROVAL

	Name:	Signature:
Study advisor	Wouter Schrier _____	: _____
Student 1	_____	: _____
Student 2	_____	: _____
Supervisor 1	_____	: _____
Supervisor 2	_____	: _____
BRP lecturer	Harold Linnartz _____	: _____

TO DO

- 1) Student hand in a complete and signed form to the Education Office Astronomy, Oort 564.
- 2) Programme coordinator will send a digital copy to the student, BRP lecturer, supervisor(s) and study advisor.
- 3) Please visit the [Astronomy webpage](#) for the next steps of your BRP.