Graduation Form

Last Name: Click here to enter text.

First Name: Click here to enter text.

Date of Birth: Click here to enter text.

Enrollment Number: Click here to enter text.

Major Module: Click here to enter text.

Address: Click here to enter text.

>>Please insert an address which will be valid for at least one year so that your diploma can be sent to it.<<

Private Email Address: Click here to enter text.

By signing this form, I state that I have paid all the bills such as copy costs (if applicable), exam fees etc. and returned all keys and badges[[1]](#footnote-1). I hereby request my graduation to be completed.

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Signature, Place, Date

Graduation Ceremony

We would like to inform you that the Medical Faculty which the master’s program Biomedical Engineering is part of, will organize a graduation ceremony for all graduates. The ceremony takes place in March every year. You will eventually get an official invitation for the event. However, you will receive your Diploma and Diploma Supplement within a few weeks after graduation by post.

1. Please return keys and badges to the same place where you picked them up, not to the study coordination office. [↑](#footnote-ref-1)