**Application form Thesis award Stichting Ontwikkelingen Mededingingsrecht 2024**

**Author of the thesis:**

|  |  |
| --- | --- |
| Name |  |
| Address/postal code/city |  |
| Phone number |  |
| E-mail address |  |
| Date of birth |  |

**University Masters’s programme, title of the thesis and grade**

|  |  |
| --- | --- |
| University |  |
| Name of the Master’s programme |  |
| Date of graduation (if known) |  |
| Title of the thesis |  |
| Grade |  |

**Personal details of the thesis supervisor/contacts at the faculty**

|  |  |
| --- | --- |
| Name and title(s) of the thesis supervisor |  |
| Phone number of the thesis supervisor |  |
| E-mail address of the thesis supervisor |  |