Submit this form to the CME secretary by e-mail: **S.C.M.Schuchmann@tudelft.nl**.

Name	
Student ID	
TUD e-mail address	
Personal e-mail address	
Phone number	

CME starting date (Cohort)	Month:	Year:

Course(s) to remove

Course code	Course name	ECTS	Choose one of: Compulsory, Deficiency or Elective

Course(s) to insert

Course code	Course name	ECTS	Compulsory, Deficiency or Elective	Replacement for (code)*

*) only required for compulsory and deficiency courses

Motivation by the student for adding/deleting courses

Signature student	Signature Director of Studies on behalf of the Board of Examiners CME
Date:	Name: **J.S. Hoving**　Date:

Comments by the Director of Studies if approval is not granted