

Credit registration form

Information optional course

Title	
Coordinator	
Department	
Address	
Postal code + city	
Phone number	
Email address	

Information student

Name	
Program	Oncology/Cardiovascular Research
Address	
Postal code + city	
Phone number	
Email address	
Student number	
Year of enrolment	

The part below has to be filled in by the course coordinator

Date			
Result	Passed/Failed/Exemption		
Mark		in characters	
Number of ECTS			
Signature			
Stamp			

Please send the completed form to:
VU University Medical Center
Education Service Center Faculty of Medicine VU Amsterdam
Medical Faculty - G.010
Van der Boechorststraat 7
1081 BT Amsterdam
The Netherlands