## Graduation request

To the IHM Exam Committee Mr. F. de Jong P.O. Box 1298 8900 CG Leeuwarden The Netherlands

Date

8900 CG Leeuwarden The Netherlands  Date:								
Dear	members of	the IHM Exam Com	mittee,					
l her	eby request	the IHM Exam Comi	mittee to	graduate on th	ne date	e given below.		
	Family name				Christian name			
	First name(s)				Relation number			
	Address				Phon	e number		
	ZIP Code				e-mail address			
	Place Country				Perso	onal coach		
					Coach internship			
	Requested							
	Education Back			Bachelor Deg	chelor Degree			
Which parts of the study programme have not been passed yet:								
	Part		Expected passing date		,	Grader		
-								
-								
	Did you do	and pass Real Estat	ninor?				Yes / No	
	Did you do and pass Professional Conference Management 1 & 2 minor?						Yes / No	
	Did you pass Value Driven Leadership (Covey)?							Yes / No
	Are you VW	O Fast Track studer	ıt?					Yes / No

After signing, please scan this form and e-mail this form to: <u>jens.dallman@stenden.com</u> (secretary of SRU exam committee) together with all additional requirements for graduation.

Signature