

**Decision on certifying a field of specialisation
in the Master's degree certificate and diploma**
(for students who began their Master's course in the winter semester 2018/19 or later)

Last name: _____

First name: _____

Student number: _____

I herewith request that, in case I fulfil the corresponding requirements, the following specialisation is to be certified in my Master's degree certificate and diploma:

- | | |
|---|---|
| <input type="checkbox"/> Astrophysics and astroparticle physics | <input type="checkbox"/> Physics in life sciences |
| <input type="checkbox"/> Condensed matter physics | <input type="checkbox"/> Quantum technologies |
| <input type="checkbox"/> Optical sciences | <input type="checkbox"/> Theoretical physics |
| <input type="checkbox"/> No specialisation is to be certified. | |

(Mark as applicable; exactly one box must be ticked.)

If a specialisation is to be certified, please list in the following table the modules that, in addition to the research phase, belong to this specialisation and are to be certified in your Master's degree (at least 30 ECTS in sum):

Module title	ECTS
Sum (calculated automatically)	

I am aware that this decision is irreversible once the Master's degree certificate and diploma have been issued.

Place, date: _____

Signature: _____