Application Form Student Idea Competition

Application Information										
Full Name							De	to of Dir		
Full Name:							Da	ite oi bii	th:	<u> </u>
Address:	Last			Fir	rst					
Addi C33.	Street Addres	ss								
	City.									
Division	City ZIP Code									
Phone:	Email:									
Name of your initiative or idea:										
Are you alone or do you have friends who want to start the initiative? Group of										
Do you already have a concrete plan how your idea could be realized? YES O O										
Where does your initiative belong?										
Does your idea stretch out to the city or region of Maastricht?							NO			
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Is your idea more directly related to a specific Faculty/study program? YES							NO			
Yes, related to	the faculty:	SBE	FaSoS □	FdR □	FHML	FPN □	FHS □	Other:		
And the study program:										
Does your idea constitute a one-time improvement or does it have structural value for UM?										

Detailed Information about your Initiative								
Why is yWho wi								
How do you want to ac (= what is your ideal so	•							
What do you need to acSupport?Supply?Space?	ccomplish your goal?							
Disclaimer and Signature								
The Student Project Team is looking forward to receive your initiative proposal. The deadline to hand in your idea is the 27th November 2015. You can hand in this form via E-Mail or Post. You will receive an E-Mail with detailed information for the successional workshops and information sessions. By signing this document, you agree that the above indicated idea originates from you and that you are officially applying for the 2015 Competition event by Maastricht University's Student Project Team. You also agree to come fully prepared to the workshops offered to you by the SPT.								
Signature:		Date:						
E-Mail Send via Post to:	studentprojectteam@maastrichtuniversity.nl Student Project Team Bonnefantenstraat 2 P.O. Box 616, 6200 MD Maastricht, The Netherlands							

Hand in at the SSC:

Bonnefantenstraat 2

P.O. Box 1.15, room C2.05, 6211 KL Maastricht