

Application form SLF Thesis Award 2026

Undersigned wishes to participate in the SLF Thesis Award contest

Surname	
Initials	
First name	
Mailing address	
Phone number	
E-mail	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Bachelor or Master thesis	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master
Thesis title	
Duration of thesis project	Nominal months
Graduation date	
Educational institute	
Faculty/sector	
Field of study	
Name thesis supervisor	
Mailing address, phone number, e-mail address thesis supervisor	
Communication language	<input type="checkbox"/> Dutch <input type="checkbox"/> English

The undersigned declares that he/she has completed this questionnaire truthfully

Date:

Signature:

Send the completed form along with the thesis (in pdf format) to: Info@servicelogisticsforum.nl