



NIET INVULLEN	
Ontvangen	
BBC	<input type="checkbox"/>
Verklaring	<input type="checkbox"/>
ID	<input type="checkbox"/>
Verwerkt	

BV 'Bijvak' Registration Form Academic Year 2011/2012

Please complete with capital letters.

Registration Number WU	01						
Date of Birth	02 <table border="1"> <tr> <td>Year</td> <td>Month</td> <td>Day</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Year	Month	Day	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	Month	Day					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Gender	03 M <input type="checkbox"/> F <input type="checkbox"/>						
BSN (Citizens Service Number)	04						

Personal Data and Study Address

Family Name	05		
Official First Name(s)	06		
(Commonly Used) First Name	07		
Street Name and House Number	08		
Postal Code and Place of Residence	09		
(Mobile) Telephone No.	10		
E-mail Address (Private)	11	WUR E-mail Address	12
Country of Birth	13		
Place of Birth	14		
Nationality	15		

Type of Registration at WU

Type of Registration at WU	16	'Bijvak' Student Cat. 1 <input type="checkbox"/>	'Bijvak' Student Cat. 2 <input type="checkbox"/>
Duration of Registration	17	From:	To:

Institution 1st Enrolment

Name of Institution	18		
Department	19		
Name of Contact Person	20	Telephone No.	21
Postal Address	22		
E-mail Address	23		
Type of Registration	24		

<p>Note: No rights may be derived from the pre-printed data on this form.</p> <p>I certify that I have answered the questions on this form truthfully and completely to the best of my knowledge. I hereby request the Executive Board of Wageningen University for registration at Wageningen University.</p> <p>In signing this registration form I give Wageningen University permission to give my personal details (name, gender, date and place of birth, civil status, nationality, address abroad, address in the Netherlands) to the Immigration Authorities, the Municipality of Wageningen, the Centre for Work and Income, AON Insurance Company, and student accommodation provider Idealis and INFacilities, whenever this information is requested in pursuance of their duties.</p>	Date	
	Signature	

Note: Always attach a statement from the Examination Committee of the Institution where you are enrolled.
Please see explanation for conditions.