



PhD PhD Registration Form

Academic Year 2011/2012

Please complete with capital letters.

| | |
|------------|--------------------------|
| Ontvangen | |
| ID | <input type="checkbox"/> |
| Verklaring | |

| | | | | | | | |
|-------------------------------|---|----------------------|-------|--------------------------|--------------------------|----------------------|----------------------|
| Registration Number WU | 01 | | | | | | |
| Date of Birth | <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 | <table border="1"> <tr> <td>M</td> <td>F</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | M | F | <input type="checkbox"/> | <input type="checkbox"/> | | |
| M | F | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| BSN (Citizens Service Number) | 04 | | | | | | |

Personal Data and Study Address

| | | |
|------------------------------------|--------------------|----|
| Family Name and Initials | 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) | WUR E-mail Address | 12 |
| Country of Birth | 13 | |
| Nationality | 14 | |

Home Address (e.g. of parents/partner)

| | |
|-------------------------------|----|
| Street Name and House Number | 15 |
| Postal Code, City and Country | 16 |
| Telephone No. | 17 |

Data related to Study Programme

| | | | | | | | | | | |
|----------------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Type of Registration at WU | AIO | PhD-Sandwich | | | PhD-Staff | | | PhD-Guest Employee | PhD-External | |
| | <input type="checkbox"/> | WU | NW | Other | WU | NW | Other | <input type="checkbox"/> | With TSP | without TSP |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Department of WU | 19 | | | | | | | | | |
| Supervisor | 20 | | | | | | | | | |
| Duration of stay at WU | From: | | | | | | | To: | | |
| Permission to use passport photo | 22 <input type="checkbox"/> Yes | | | | | | | | | |

Name and Address of Home University/Institution

| | | |
|------------------------|---------------|----|
| Name of Organisation | 23 | |
| Department | 24 | |
| Name of Contact Person | Telephone No. | 26 |
| Postal Address | 27 | |
| E-mail Address | 28 | |

Person to be notified in home country in case of emergency

| | | |
|---------|---------------|----|
| Name | 29 | |
| Address | 30 | |
| E-mail | Telephone No. | 32 |

Note: No rights may be derived from the pre-printed data on this form.

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.

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, whenever this information is requested in pursuance of their duties.

Date

Signature