



FOR OFFICE USE ONLY	
Ontvangen	
ID	<input type="checkbox"/>
Verwerkt	

Guest International Guest Student 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 in The Netherlands

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)	11	WUR E-mail Address	12
Country of Birth	13	Place of Birth	14
Nationality	15		

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

Street Name and House Number	16
Postal Code, City and Country	17
Telephone No.	18

Data related to Study Programme

Type of Registration at WU	19 International Guest Student Erasmus LLP <input type="checkbox"/>	International Guest Student Erasmus LLP Double Degree <input type="checkbox"/>	International Guest Student Erasmus Mundus <input type="checkbox"/>	International Guest Student Other <input type="checkbox"/>
Name of WU Exchange Coordinator	20			
Duration of stay at WU	21 From:	To:		
Permission to use passport photo	22 Yes <input type="checkbox"/>			

Name and Address of Home University/Institution

Name of Organisation	23		
Department	24		
Name of Contact Person	25	Telephone No.	26
Street Name and House Number	27		
Postal Code, City and Country	28		
E-mail Address	29		

Person to be notified in home country in case of emergency

Name	30		
Address	31		
E-mail	32	Telephone No.	33

<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 Ideals, whenever this information is requested in pursuance of their duties.</p>	Date	
	Signature	