



FOR OFFICE USE ONLY			
Ontvangen	Verwerkt		
ID	<input type="checkbox"/>		
Betaling	dd	mm	jj

CS Contract Student Registration Form Academic Year 2011/2012

Please complete with capital letters.

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 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		
Telephone No.	10		
E-mail Address (Private)	11	WUR E-mail Address	12
Country of Birth	13		
Nationality	14		

Home Address/Person to be notified in case of emergency

Street Name and House Number	15
Postal Code, City and Country	16
Telephone No.	17
E-mail Address	18

Data related to Study Programme

Type of Registration at WU	<table border="1"> <tr> <td>'Contractant'</td> <td>Auditor</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	'Contractant'	Auditor	<input type="checkbox"/>	<input type="checkbox"/>	19	19A	WU alumnus (Ir., MSc or PhD) or 'picknick PhD'	Yes
'Contractant'	Auditor								
<input type="checkbox"/>	<input type="checkbox"/>								
Subject	Code	Name	ECTS credits	Approval lecturer					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					

Name and Address of Home University/Institute/Company

Name of Organisation	21		
Department	22		
Name of Contact Person	23	Telephone No.	24
Postal Address	25		
E-mail Address	26		

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 and INFacilities whenever this information is requested in pursuance of their duties.

Date

Signature