



Ontvangen

BBC Verklaring ID Verklaring Engels

Verwerkt

BV

Bijvak Registration Form Academic Year 2019 | 2020

Personal data

Family name _____

First name(s) _____

Commonly used first name _____

(this name will be used - together with your family name - for your WUR email account. e.g. jan.jansen@wur.nl)

BSN (Citizens Service Number) _____

Country of birth _____ Nationality _____

Year Month Day

Date of birth

Gender M F

Telephone no. _____

Email _____

Duration of Registration

Period 1: 01.09.2019 - 25.10.2019

Period 4: 17.02.2020 - 13.03.2020

Period 2: 28.10.2019 - 31.12.2019

Period 5: 16.03.2020 - 08.05.2020

Period 3: 06.01.2020 - 14.02.2020

Period 6: 11.05.2020 - 31.08.2020

Address in the Netherlands

Street name and house number _____

Postal code and place of residence _____

Person to be notified in case of emergency

Name _____

Street name and house number _____

Postal code and city _____ Country _____

Telephone no. _____ Email _____

Institution 1st Enrolment

Name of Institution _____

Name of Contact Person _____

Telephone No. _____ Email _____

Type of Registration _____

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.

Date _____

Signature _____