



Application Form Refund Vaccination costs Internship/Thesis

Please Note!

- To be eligible for reimbursement of vaccination costs, the applicant must meet the conditions as mentioned in the Wageningen University Vaccination and Travel Funding Regulations (part I Vaccination costs)
- The Application Form must be signed for approval by the WU internship or thesis supervisor and the WU study advisor.
- If granted, the reimbursement amounts to a maximum of €100.
- Per student, the vaccination costs may be reimbursed for one trip in the BSc programme and one trip in the MSc programme.

Personal Data

| | | | |
|-----------------------------|--|--------------------|--|
| First Names and Family Name | | | |
| Registration Number WU | | | |
| Address | | | |
| | | | |
| Telephone Number | | WUR E-mail Address | |

Data related to Study and Internship (PT) / Thesis (AV)

| | | | |
|---------------------------------|--|---------------------|--|
| Name of Study Programme | | | |
| Code of Subject | <small>(Fill in the code of the subject for which the reimbursement of vaccination costs is being applied; for code see the Study handbook.)</small> | | |
| Country of Destination | | | |
| Name of PT/AV Host Organisation | | | |
| Starting date of PT/AV | | Final Date of PT/AV | |

Bank account Data

| | | | |
|-----------------------|--|--|--|
| IBAN Account No | | | |
| BIC code | | | |
| Account Holder's Data | <small>(Fill in Initials and Family Name + Place of Residence of Account Holder)</small> | | |

I herewith declare to have read and to agree with the conditions regarding the Wageningen University Vaccination and Travel Funding Regulations (Part I Vaccination costs).

I also certify that I have filled in this form truthfully and completely to the best of my knowledge,

Date: Signature applicant:

AGREEMENT WU INTERNSHIP/THESIS SUPERVISOR:

Name:

Signature:

Date:

AGREEMENT WU STUDY ADVISOR:

Name:

Signature:

Date:

PLEASE SUBMIT THIS COMPLETED AND SIGNED FORM TO THE STUDENT SERVICE CENTRE, FORUM

(POSTAL ADDRESS: P.O. Box 414, 6700 AK WAGENINGEN) WITHIN 13 WEEKS AFTER THE LAST DATE OF THE INTERNSHIP/THESIS, TOGETHER WITH:

- The original invoice of the vaccination and/ or prophylaxis.
- Proof from your insurance company that the vaccination costs will not be (partly) reimbursed.

The application will not be processed without the above mentioned documents.

For more information look on: <http://wageningenur.nl/en/Education-Programmes/Current-Students/Student-Charter.htm>