



FOR OFFICE USE ONLY

Ontvangen			
<input type="checkbox"/> ID			
Verwerkt			

G International Guest Student
Registration Form
Academic Year 2014 | 2015

PLEASE COMPLETE IN BLOCK CAPITALS

Registration Number WU 01 _____
 Year Month Day

Date of Birth 02 [] [] [] [] [] [] [] [] Gender 03 M F

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 _____

Wageningen UR E-mail Address 12 _____

Country of Birth 13 _____

Place of Birth 14 _____

Nationality 15 _____

Home Address (e.g. of parents/partner)/Person to be notified

Street Name and House Number 16 _____

Postal Code, City and Country 17 _____

Telephone No. 18 _____

E-mail 19 _____

Data related to Study Programme

Type of Registration at WU 20 Erasmus LLP Erasmus LLP Double Degree Erasmus Mundus Other

Name of WU Exchange Coordinator 21 _____

Duration of stay at WU 22 **from** _____ **to** _____

Permission to use passport photo 23 Yes

Name and Address of Home University/Institution

Name of Organisation 24 _____

Department 25 _____

Name of Contact Person 26 _____

Telephone No. 27 _____

Nationality 28 _____

Postal Code, City and Country 29 _____

E-mail Address 30 _____

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

Date _____
Signature _____