



FOR OFFICE USE ONLY

Ontvangen	Verwerkt		
<input type="checkbox"/> ID	<input type="checkbox"/> Verklaring Engels		
Betaling			



Contract Student Registration Form  
Academic Year 2015|2016

PLEASE COMPLETE IN BLOCK CAPITALS

Registration Number WU \_\_\_\_\_

Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender ☐ M ☐ F

BSN (Citizens Service Number) \_\_\_\_\_

**Personal Data and Study Address in The Netherlands**

Family Name and Initials \_\_\_\_\_

Official First Name(s) \_\_\_\_\_

(Commonly Used) First Name \_\_\_\_\_

Street Name and House Number \_\_\_\_\_

Postal Code and Place of Residence \_\_\_\_\_

(Mobile) Telephone No. \_\_\_\_\_

E-mail (Private) \_\_\_\_\_

Wageningen UR E-mail Address \_\_\_\_\_

Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

**Home Address/Person to be notified in case of emergency**

Street Name and House Number \_\_\_\_\_

Postal Code, City and Country \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail \_\_\_\_\_

**Data related to Study Programme**

Type of Registration at WU ☐ 1<sup>st</sup> enrolment at WU ☐ WU alumnus (Ir, MSc or PhD) or 'picknick PhD'

	Code	Name	ECTS credits	Approval lecturer
Subject				

**Invoice to be sent to**

Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**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 \_\_\_\_\_