



## REGISTRATION FORM

### Participation Educational Programme Middle-East Studies NVIC BA Autumn semester 2017

*You are kindly requested to submit your registration before 1 May, 2017*

Full name: \_\_\_\_\_

Place and date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport number : \_\_\_\_\_

Address in the Netherlands/Flanders: \_\_\_\_\_

\_\_\_\_\_ Phone number : \_\_\_\_\_

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

Contact address and - person in the Netherlands/Flanders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone number : \_\_\_\_\_

University in the Netherlands/Flanders: \_\_\_\_\_ Student # \_\_\_\_\_

Field of study : \_\_\_\_\_ Year of study : \_\_\_\_\_

Registered as a student during year of study?: YES / NO

Address in Cairo (if applicable) : \_\_\_\_\_

Previous study experience in the Arab world : \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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## STATEMENT OF CONSENT INSTRUCTOR

Undersigned , \_\_\_\_\_

Position: \_\_\_\_\_

declares his/her consent for the participation of above stated student in the educational programme.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_