



Change of registration

Leiden, __ , __ , ____ (date)

I, the undersigned,

Request to be registered as a student from (date):

As a full-time / part-time student on the following study programme:
_____ Bach/Master

Reasons for changes of student registration:

Student number:

Name:

Street and house number:

Post code en town:

Telephone number:

E-mail:

Signature,

Please return this form to:
Student Administration Department
Postbus 9500
2300 RA Leiden
071-5278011