

# Statement of consent for student registration purposes

This statement must be

sent by post to: **Leiden University**  
Student Administration Department  
Postbus 9500  
2300 RA Leiden

Or handed in at: **Plexus Student Centre**  
Kaiserstraat 25  
2311 GN Leiden

## 1. Statement of consent (to be completed by representative of the study programme)

The faculty of  hereby grants consent for

Name

Student number

From the following date onwards  (dd/mm/yyyy)

To be registered on the study  
Programme

New  1st year of bachelor's programme      Old  propedeuse  
 2nd or 3rd year of bachelor's programme -  doctoraal  
with exemption from 1st year                       single subject  
 Master's programme

As  full time student                                       external student  
 part time student     student at Campus the Hague

On behalf of study programme

Place

Date  (dd/mm/yyyy)

Signature

## 2. Signature (to be completed by student)

The Student Administration Department will verify eligibility for student registration based on previous education. This is a mandatory precondition to this statement. Course and exam registration cannot be arranged by way of this form.

I, the applicant, have read and understand the above.

Date  (dd/mm/yyyy)

Name

Signature

[www.students.leiden.edu](http://www.students.leiden.edu)



**Universiteit Leiden**